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CLINICAL LECTURES.

ORGANIC STRICTURE OF THE ŒSOPHAGUS.

DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

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[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: This patient, J. B., æt. 54 years, drank by mistake, a year ago, a quantity of caustic alkali. This burned his mouth a good deal, and it was at once thrown off. Ever since that time he has had difficulty in swallowing. The food appeared to stop at a certain point in the œsophagus. He has not been able to swallow solid food since the accident, and for the past three months the trouble has been increasing. At times he has been so bad that for forty-eight hours at a time he could not take anything, and then there would be sudden improvement. Bougies have been introduced on several occasions, but, so far, we have been unable to pass the stricture. I shall try again to-day. The obstruction begins at thirteen inches from the teeth. In all probability the caustic caused œsophagitis, and the whole mucous membrane is in a state of thickening and inflammation, and at the lower point there has been ulceration followed by cicatrization and narrowing of the tube. There is a hard stricture about five inches above the cardiac orifice of the stomach. This is so tight that the small bougie which I am using will not pass it.

The attacks, which have been described, are not uncommon in stricture of the œsophagus, and we must not let them throw us off our guard. This temporary increase of the difficulty is due, not to the stricture, but to a condition of irritation. There is excited, perhaps, from the strong efforts at swallowing, such a degree of spasmodic contraction of the walls of the œsophagus that scarcely any liquid will be allowed to remain. When this spasm is allayed, he can take nourishment much better.

Nothing will do this man so much good as the passage of large bulbs down to the stricture, and cautious attempts to pass small bulbs through the stricture. The size of the bulbs will be gradually increased until the upper part of the canal is dilated. These will be used every other day.

In this case there is no question as to the nature of the stricture. Its position is also significant of organic stricture, the result of an injury. Strictures from malignant disease usually occur either higher up or lower down, near the cardiac orifice, and not midway in the tube as in this case. The way in which the patient's health has been preserved in spite of the serious interference with nutrition which this stricture has caused, is another proof that there is nothing malignant about it.

The prognosis is, therefore, on the whole, good. We shall be able, I think, by careful and patient work to overcome this constriction. After the stricture has been dilated, it will be necessary to continue the treatment in order to keep it open. It is just as in the case of stricture of the urethra. Although the stricture may yield gradually to dilatation, there is a marked tendency to recur. The bougie

must be used at intervals for an indefinite period. The seat of this stricture is, of course, too low to permit of any attempt to nick the stricture, as can sometimes be done when it is located in the upper part of the tube.

Organic Stricture of the Œsophagus, due to Malignant Disease.—This man has also a stricture of the œsophagus, but in his case the contraction is not the result of the cicatrization of an ulcer, but there is every reason to apprehend the slow formation of some morbid growth. The progress of the case has been extremely gradual, and our attempts at dilatation have not completely failed, consequently the prognosis is not so bad as regards the early termination of the case as it is in many instances of this disease. I propose to see today what can be accomplished in the way of passing a sound through this stricture, and decide on the line of treatment which we shall pursue during the next three months.

He first noticed difficulty in swallowing one year ago. His parents are both dead. There has been no history of cancer in his family. From his history he is supposed to have had a non-infecting chancre twenty years ago. There were no secondary symptoms. I think that it would be a stretch of the imagination to suppose that this was a case of syphilitic ulceration of the œsophagus terminating in stricture. He states that swallowing was as difficult when he first noticed the trouble as it is at present. Two weeks before this he swallowed a piece of ham which scraped the œsophagus. He, however, continued to take his regular food, although this caused some pain. Two or three weeks later he had to abandon the use of solid food, and confine himself to a liquid diet. The attempt at swallowing would produce hiccough. The difficulty in swallowing remained about the same until he came to the dispensary. His weight at this time was 130 pounds, he having lost forty pounds in four months. Dr. Hughes began the treatment with bougies. At first the smallest size could not be passed. By perseverance the œsophagus was dilated so as to admit the passage of quite a large bulb, and he gained weight on the average of three pounds a week until he reached 147 pounds. He now weighs 125 pounds.

This case presents some unusual features, but not so uncommon as to alter the conclusion which has been reached. The unusual features are, in the first place, the man is rather young to have malignant disease. I may, however, say here, that according to my observation, this part of the digestive canal is attacked with malignant disease at rather an earlier age than other portions. I am also inclined to think that malignant disease of the intestine occurs at an earlier age than malignant disease of the stomach. I will not assert positively that this is so, for statistics of a larger number of cases might show that it was an error. In the second place, there was certainly an unusually rapid development of the obstructive symptoms. The ordinary history of a case of carcinoma of the œsophagus is, that at first it is noticed that the food begins to stick, but the patient continues to eat his ordinary food. Then, after a month or two, meat and hard food must be given up, and the patient lives on oysters, bread, potatoes, and other vegetables. After a time he gives these up, and comes to thick liquids, such as thick soups and cream, and finally nothing but thin liquids can be taken. In the present instance, the symptoms very rapidly reached a considerable degree, and then did not tend to progress beyond that point. This was followed by a considerable loss of flesh. You will notice that this was not due so much to the malignant disease as such, as it was to the impairment of the power of swallowing, for as soon as the stricture was dilated and he could take food more readily, he gained flesh as rapidly as he had lost it, and gained twenty pounds of the forty which he had lost. On one occasion a piece of the growth was removed with the bougie, and examination with the microscope showed it to be a papilloma.

Introducing the bougie, I find that the stricture begins twelve and a half inches from the teeth, and is at least two and a half inches in length. The œsophagus has become very sensitive from the repeated use of the bougie, yet the beneficial effects of the passage of the bougie have been so marked, that I think it worth while to continue its use. There are some cases of stricture of the œsophagus in which dilatation yields very little result. The stricture may be dilated, but in a few days it is as bad as before, and the benefits to swallowing are almost inappreciable.

In this case, the treatment rests between a course of dilatation, repeated daily, and the introduction of a soft œsophageal tube, which is left continuously in the œsophagus, and through which the fluid is poured into the

stomach. This method of more thorough feeding, which at the same time secures some continuous dilatation of the stricture, is worthy of a trial. In some cases it has been followed by rapid, although, of course, temporary improvement, the duration of which will entirely depend on the nature of the organic disease, and the rate at which it is developing.

ABSTRACT OF A LECTURE ON PSORIASIS,

DELIVERED AT FRANKLIN HALL, JERSEY CITY, N. J.

BY JOHN V. SHOEMAKER, A.M., M.D.

MR. Chairman and Gentlemen of the Hudson County Medical Society: Permit me to express my thanks for the invitation to speak before your society upon this occasion. I greatly appreciate the opportunity you have thus given a brother practitioner of meeting the members of a society who are so well known by the profession at my home. I have, however, a great hesitation in talking upon a subject that is so familiar to the veteran members of the profession who are present at this time. I observe in the room one gentleman in particular, Professor Alfred Post, one of the oldest and most proficient clinical teachers in the country, before whom I am still more reluctant to speak upon the subject selected for this afternoon's discussion. I hope, however, that you, as well as our distinguished friend, will bear with my short-comings, while I endeavor to briefly describe psoriasis in a clinical manner, from two cases brought from the Philadelphia Hospital for Skin Diseases. The first patient—this young boy fifteen years of age—has, as you will observe, an eruption on the scalp, face, arms, and hands, with a few spots scattered over the body, which appeared about one year ago. The spots have always been dry, never disappeared, but have gradually, during this time, become more marked. The majority of them are about the size of an ordinary pea, being red, slightly elevated, and some of them are covered with dry, white scales. On the scalp, forehead, and dorsal surface of the hands the eruption is more marked; it is also present not only in the form of the patches just alluded to, which have the appearance of drops of mortar, hence called psoriasis gutta, but there may also be seen smaller spots almost the size of a pin's head, which is usually spoken of as psoriasis punctata. The eruption generally appears in the form of the latter, slightly elevated, round, and reddened spots, and increases in size to the former, which are present here in large numbers. The larger, as well as the smaller patches, are separated by intervening healthy skin. The scales have dropped off to a large extent, exposing the dry, reddened spots raised above the level of the skin.

In the next patient—a man of forty-eight years of age, the eruption is seen over the general surface, being termed psoriasis diffusa, or psoriasis universalis, and the symptoms will be found to be even more striking than in the first case. A few patches similar to those in the first patient can be recognized, as well as many others having all sizes and shapes. Here are some on the back and arms, having the appearance of the ordinary coin, psoriasis nummularis, or, circumscribed in form, psoriasis circumscripta; and others, being disk-like, are named psoriasis discoidea. Again, bands of the eruption may be seen on both the chest and back, and are then termed psoriasis gyrata. The eruption began, as the patient points out, by the appearance of these small slightly elevated spots, about the size of a pin's head, covered with dry, white scales, and so spread until the entire body became covered with the disease. The spots on the back and limbs will be seen to be somewhat separated by intervening healthy skin, but the abdomen is one immense patch of deep infiltration. The patches are also well marked on the extensor surfaces and the scalp, which regions are favorite localities for the development of the eruption. The scales have been exfoliated almost from all the patches, leaving the surface red, elevated, and tender. Large quantities of the cast off-scales, the patient states, are usually found in his bed-clothes and under-clothing. A close examination of the scalps of both patients will show that, while the eruption is well marked, yet the hair has not fallen out, but retains its natural lustre and color. In the second case it will be seen that the disease has affected the nails, which do not extend beyond the ends of the fingers; they are also thick, rough, lustreless, brittle, fissured, and smooth in appearance.

The eruption in some cases may continue throughout its course in the form described in

the first case, or it may spread either gradually or rapidly to certain parts or over the whole surface, as in the present case; it may also remain without change throughout the patient's life, or by treatment the surface may assume its normal appearance without any pigmentation or scarring, to again crop out, even in a more severe form.

It will be noticed in both these cases that the itching which was present at the first appearance of the eruption has now entirely subsided. Itching may be entirely absent, or the disease may be attended with it in its early development and subside with the persistence and extension of the eruption.

While the eruption upon these cases might resemble many other cutaneous diseases, yet it is more likely to be mistaken for eczema squamosum, and syphiloderma. In the former disease the primary lesion is erythematous patches, vesicles or pustules, which are succeeded by moist spots, crusts and scales, the latter not being white or silvery in appearance, and being situated on bright red patches, by preference on the flexor in place of the extensor surfaces, and itching which is usually marked lasts throughout the entire course of the disease. On the other hand in these cases the primary lesions were the masses of epidermic scales, and the scales that can be seen are white or silvery in color, and are situated on dark red patches, located by preference on the extensor surfaces. Further, the symptom of itching, while not slight, was only present when the patches first appeared, and soon subsided. The squamous and papular variety of syphilis of the skin might also be confounded with this eruption, especially in its early stages. The scales in syphilis will be seen to be of a dirty color, and the red spots on which they rest extend beyond them, while in these cases the scales are whitish or silvery in appearance, and in some of these spots still intact they extend beyond the red bases which they cover. The absence in both cases of the preceding evidences of syphilitic fever, and the long chain of symptoms common to it, together with the absence of pigmentary stains, sub-mucous patches, and enlarged lymphatic glands would be additional conclusive evidence against the patients' being afflicted with a syphilitic skin affection.

The pathological changes in psoriasis are well demonstrated in the section that has been made from the second case, which is now placed beneath the field of the microscope and will be passed around for your examination; you will observe from this section that the epidermis is greatly developed, the papillary layer of the derma is somewhat enlarged, being filled with cells, the bloodvessels are dilated, the glands are normal, but the hair follicle is changed, the external root sheath being more red in size, and the connective tissue of the derma is the seat of considerable infiltration. It has been shown that these inflammatory changes, just pointed out, begin primarily in a hyperplasia of the rete, and the external root-sheath, the cutis being involved secondarily.

The cause of the appearance of this disease in these patients can probably be more clearly demonstrated by questioning them and receiving their answers. I will first inquire into the history of the boy.

How long has this eruption been on your body?

About one year.

Have your habits been good?

Yes, sir.

Have you any idea of the cause of this eruption?

No, sir.

Have you always been well?

I have never been sick; but I have some pains at times around the upper part of my body, or in the arms.

How long have you noticed these pains?

Can't remember.

Did they come before the eruption?

I think they did.

Have you ever tried to get relief from the pains you refer to?

No, sir; I concluded they were growing pains.

Point out how and on what part of your body these spots first appeared?

They came first in my scalp, and then on the arms in this way (the patient pointing out the small, red, isolated spots about the elbow and wrist).

I next pass to the second patient. Will you give your age, mention if your habits are good, and if you have ever had any disease; when and upon what part did this eruption first appear, and do you know what could have caused it?

I am forty-eight years of age; I work steady at my trade, a machinist, and have always been healthy except this trouble. This skin

disease began eighteen years ago, on my shin, and soon covered the whole body. Several doctors have cured me at different times, but it comes back again. I think my rheumatism has caused it.

How do you know it is due to your rheumatism?

I believe you told me.

Did you not say frequently when I questioned you, that you never had rheumatism?

Yes, sir.

From the personal history of these cases you can surmise the cause of the psoriasis; the rheumatism, no doubt, keeps the disease active in both of the patients.

It might be of interest for you to know that the second patient repeatedly denied that he ever had rheumatism, but seeing his joints swollen one day, I inquired if he had been in this condition upon any previous time. "Yes, sir," he answered, "I often take cold in this way, but it soon passes off."

You will therefore see that he did not comprehend, as many patients similarly affected fail to do, what was meant by the word rheumatism.

It will be found upon a close observation of many cases of psoriasis, that either rheumatism or gout is frequently the exciting cause of the disease. The accumulation in the blood of certain excrementitious substances, either from these or other diseases, may develop psoriasis.

The speaker alluded to the views of those who believed the disease was the result of syphilis, and pointed out how different the eruption was from syphilitic skin affections, and that the mercurials and iodides that acted so decidedly upon the latter had little or no effect upon psoriasis. The parasitic nature of the disease, originated by Lang, was mentioned, but the theory was shown not to have been received with much favor as yet.

The aim of the treatment in both cases that have been before us will be to remove, if possible, the rheumatism by the employment of suitable remedies for it.

In case of the boy, the following prescription has been found to lessen the pains: Salicylate of soda one hundred grains, and two ounces each of the sweet spirits of nitre and the infusion of digitalis; one to two teaspoonfuls of this mixture should be taken in water three or four times daily.

The second patient is now taking with advantage the following prescription: Sweet spirits of nitre three ounces, wine of colchicum root one-half ounce, infusion of digitalis two ounces and a half, and aloin five grains; from two to four teaspoonfuls of this combination is taken four times daily. An occasional mercurial or saline purge will also be of advantage in both cases. If the rheumatism and eruption in both instances will not vanish under the internal medication and the employment of the local means, presently to be mentioned, I will then give small doses of arsenic for its nutritive effect upon the system. Arsenic is of no benefit in the acute stage of the eruption, and should only be employed in the later stages, and then it should be pushed until a decided impression is made upon the system. In giving arsenic, I usually employ arsenious acid or sodium arsenite in about one-twentieth of a grain dose three times daily, in preference to the solutions of arsenic which are often improperly prepared, or have become deteriorated by being kept on hand for some length of time. In cases of long standing psoriasis, the arsenic can be made to act more promptly by giving it hypodermically, the sodium arsenite being used in from one-twentieth to one-half a grain, injected once daily.

In treating the majority of cases of psoriasis, the alimentary canal, the kidneys, and the skin should be made active, to remove from the system the elements that are keeping alive the disease. By treating the exciting cause, pouring out the waste products in the manner first named, and by the nutritive action of the arsenic, should it become necessary to administer it, psoriasis can be controlled. There is no specific for psoriasis either in arsenic, the tincture of burdock seed, or chrysarobin, so highly recommended by Napier. The latter has a purgative action, given internally, and will in this way cause the eruption to pale, just as any other purgative would do when administered for some time. In addition to the internal treatment, which is all important, and upon which I always place the most dependence in hoping to permanently affect the disease, is the use of local means. The most important local means to use are baths—the hot air, the vapor, the simple water, and medicated; by their employment the skin is made active, the effete products are forced out, and the system is thus relieved of the elements that conduce to keep up the disease. Finally, the use of either

chrysarobin or chrysophanic acid, one of the mercurials, tar, carbolic acid, naphthol, and thymol, in the form of a fixed dressing, or by the incorporation of one of them in a fatty substance, and applied to the skin, often acts rapidly in removing the infiltration, but the eruption will again return unless the cause for its existence in the system has been eradicated. I consequently place very little reliance npon these stimulating remedies that act but for the time.

ORIGINAL COMMUNICATIONS.

CLINICAL HISTORY AND TREATMENT OF "LICHEN RUBER."

BY DR. P. G. UNNA, HAMBURG, GERMANY.

[Translated by Dr. GEO. FRIEBIS.]

[Continued from last number.]

CASE III.—On December 23, 1880, I was called in consultation by Dr. K. in regard to an acute eruption which had appeared in a young man, æt. 23, and of powerful frame. There had never been a serous discharge from the exanthem, but the constant itching had latterly become so aggravated that, though very large doses of chloral had been given, yet, for the past eight days, the patient had been unable to obtain sleep. I found this usually healthy and formerly anything but nervous patient in a high degree of psychical excitement and already much prostrated. An almost universal erythema covered the entire trunk, neck, arms, and legs; the head, hands, and feet were not affected. Upon this livid red surface there appeared, similar to cutis anserina, hyperæmic, not much elevated, covered with small scales, little papillæ, but which at no place clearly gave indications of eczema papulosum. I was nevertheless inclined to believe I had before me a case of dry papulous eczema, because of its acute and universal appearance and intolerable pruritus; symptoms which, according to the description of Hebra, did not coincide with the beginning of lichen ruber acuminatus. The family physician had up to this time given in small doses sol. Fowleri, and had used externally anti-eczematous remedies, but without success. The dose of arsenic was increased, and the patient wrapped in strips of linen, previously dipped in a mixture of lead-water and alumina; the strips were frequently saturated. This packing acted soothingly upon the pruritus and his condition in general. The redness decreased somewhat, and the use of chloral and morphia enabled him to obtain a few hours sleep at night. By the latter part of December the patient was so far restored that he could leave Hamburg for a short time upon affairs of business. During the interim with the internal use of arsenic the same lotion was applied externally. On January 19 the patient returned to Hamburg. The exanthem had become more circumscribed, and chiefly affected the inner surfaces of the thighs, arms, and abdominal regions. The pruritus was just as intolerable, and his rest at night as much disturbed as before. As up to this time no papillæ had developed into vesicles, I could with absolute certainty pronounce this a case of "lichen ruber." I increased the dose of arsenic, and sought agents for external application to control the pruritus and induce involution of the papillæ.

Tar was used, but, as usual, without obtaining a favorable result. Chrysarobin was next used, but before a result could have been expected, family considerations compelled the patient to leave for Berlin. From January 27, 1881, he was, for nine weeks, intercurrently, under the medical care of my friend Dr. Lassar, of Berlin. The treatment pursued was the hypodermatic injection of arsenic daily, after Köbner; and the injection of pilocarpine in the evening, a favorite method of treatment by Lassar. The pilocarpine gave the patient rest and the much desired sleep so long denied him. On March 20th, four months after the beginning of his disease, the patient, though much improved, but still weak and nervous, again came under my care. The skin had assumed a more normal appearance, though still brown from diffuse pigmentation of the parts which had been most affected; but the inner surfaces of the arms and legs, which had been the favorite seat of the disease, were still very red; the touch would cause itching, and the slightest friction would call forth a red cutis anserina, which would remain for some time; a positive evidence of the imperfect cure of our patient. The injections of arsenic were therefore continued with great perseverance by the patient; until, June 12th, he had received daily injections of from 4 to $\frac{8}{10}$th grs. sol. Fowleri, reduced to half its strength vel. pharm. After various and fruitless experiments as to the least painful solution to use for injection, we eventually determined upon equal parts of sol. Fowleri and aq.

lauro-cerasi. After a few weeks' trial of increased doses, hypodermatic, a dry pharynx, larynx, and tracheal catarrh warned us to decrease the dose. We therefore repeatedly alternated the dose until the early part of June, when the persistent laryngeal and tracheal catarrh led to its discontinuance, and the more readily so, as since the beginning of June the skin symptoms had disappeared. During treatment there were used in all about 0.4 acidi arseniosi subcutaneously. At no time did conjunctivitis or intestinal catarrh manifest itself. An examination of the patient, June 19th, again during the year 1881, showed that he had made a perfect recovery, but the bronchial and laryngeal catarrh was rather obstinate, and some time elapsed before it yielded to treatment.

October 17, 1882, I was once more called to this patient; one year and a quarter after his recovery. He had been married six months previous to this, and again complained of intense pruritus of the trunk and arms, and was positive in his assertion that the beginning of his present attack was due to his recent attempt to wear woolen undershirts, and upon which followed excessive perspiration of the upper part of the body. I found the characteristic papillæ of "lichen ruber" in full bloom. The patient stated that his former attack had begun in a similar manner. A recurring nervous irritability also foreboded no good. As I had lately attained the best results with my carbol. sublimat. ointment treatment, I permitted the patient to choose between the slowly acting arsenic injections, or the more rapid ointment cure. He decided upon the latter, and was in one week, October 26th, already fully restored. Having been, while confined to bed, thoroughly annointed, twice daily, with ungt. zinci. benz. 500, sublimat. 1, acid. carbol. 20.0. Since then, and for a period of one year and nine months following, the patient has enjoyed the best of health, which I verified by a recent examination; and upon which occasion I found him, with the exception of a chronic bronchial catarrh, the sequence of the arsenic treatment, in excellent health; hence I was justified in concluding that the carbol. sublimat ungt. treatment also offered in this case of recurring type a greater guarantee of cure than the arsenic treatment. Since in the former there was an interval of 1¾ years of absolute freedom from the disease, while by the latter, arsenic cure, there was gained an immunity of 1¼ years, and only after eight months continued treatment. But in a few weeks I was compelled to modify my views. About the middle of July of this year, and during a period of intense heat, the patient again complained of pruritus sensations, and this time the trouble began in the scrotum. A few days later the inner surfaces of the thighs also began to itch again; there was but little to be seen except the vaso-musculo-motor irritability in the form of an erythematous cutis anserina. Again the patient had to make a journey; hence could not resort to the ointment treatment. I gave him an alcholic solution of carbolic acid and sublimate to use as a wash; this checked the pruritus and enabled him to sleep, but only reduced the eruption of "lichen ruber." August 5th, the patient returned to my clinic, at which time I again found that complexity of symptoms so diagnostic of lichen ruber acuminatus. As in the interim arsenic injections had been used, I continued the same, and conjointly my ungt. treatment. I was called away at this time and left the patient in the care of my assistant and his family physician, who continued this double treatment to a successful conclusion at the expiration of four weeks. At present the patient, with a slight tendency to insomnia, due to the recurring "lichen," is well and hearty. This case is instructive in several respects: first, it proves that "lichen ruber," even when a complete cure has been established, may after a short interval recur, not only once, but several times, a fact which Hebra did not admit. Or it might be assumed, as Hebra did in a case of Possner's, viz., that the patient was not fully cured. This assumption, in the foregoing case, I reject absolutely.

The premonitory symptoms of this patient were always associated with a high degree of nervous excitability, which so persistently continued with the varying phases of the disease throughout, and ceased with it, that it would be an unwarrantable assumption to say that the "lichen" had been latent during this interval of one year. There is also a great difference between this case and psoriasis apparently cured and which recurs. Almost as a rule in case of universal, but recently cured psoriasis, you will find upon the hairy scalp or other hidden parts evidences in redness, or desquamating areas of the skin, to which relapses are traceable, lichen acuminatus never confines itself like psoriasis, or lichen planus, to circumscribed areas, but

upon every opportunity shows in wide diffused areas; hence its existence or non-existence, when under observation for a length of time, cannot pass unrecognized. This case further proves, that no method of treatment is sufficient to protect against relapses. Where there is a tendency to "lichen" you must, soon after the arsenic cure, be prepared for the possibility of a reappearance of the disease. Lastly, this case is an example of the relative unpleasantness of the two chief and recent methods of treatment, viz., Köbner's hypodermatic injection of arsenic, and my ointment treatment. The first required fully eight months, during five of which the arsenic injections were continued without interruption, you can well imagine the painfulness of this process at the time, and frequently later on, and the moral fortitude necessary on the part of the patient to complete his cure. The ointment cure in the first instance accomplished a cure in eight days; and in the recurring and also severer form fourteen days. The only unpleasant feature connected with it was the confinement to bed, which in this case was necessary, but with which we can dispense under some circumstances. As both methods are equally successful, the employment of one or the other must depend upon extraneous circumstances. In such instances I put myself in the patient's place, and consider which I should prefer were I so unfortunate as to acquire lichen acuminatus. For myself I should not hesitate a moment to decide in favor of the ointment treatment in preference to the prolonged torture of arsenic injections; and I believe that the larger number of my colleagues would make, were they concerned, a similar choice. The cases to which I have alluded thus far were those of lichen ruber acuminatus, pure and simple (Hebra).

I shall now take up lichen ruber planus (Wilson) and select such cases as will illustrate my views, based upon clinical experience, that these, though apparently different diseases in external manifestations, yet by certain and well characterized clinical transitions show an etiological connection; a view which Robinson does not share, and whose opposition is based upon anatomical facts. As the first case illustrative of such a transition the following history of a patient will serve. He had an attack of lichen ruber acuminatus which merged into an equally typical case of lichen planus later on.

IV.—Y. R., æt. 44 years, very corpulent, had suffered for some time from a very obstinate laryngitis. March 11, 1881, I was called in consultation by the attending physician in regard to an exanthem which was rapidly spreading over the entire body. I found a small papular, pointed, desquamating "lichen ruber," which had, with exception of the face and hairy scalp and the plantar surfaces of the hands and feet, invaded the entire surface of the body. The anterior part of the body was more thickly studded than the posterior, and this was strikingly evident upon the legs. Pruritus was present in a serious degree, and the patient, who already suffered from protracted laryngitis, had been, within the past eight days, in consequence of sleepless nights, still further depressed. March 14th, I confined the patient to bed and ordered the following to be rubbed on the body night and morning:—

℞. Aq. calc. adipis suillie. .	āā	100.0
Acid. carbolic. . .		10.0
Kaolini. . . .		60.0

This ointment treatment was continued persistently for fourteen days, and the patient soon obtained the desired rest at night. At the expiration of the first week the pruritus had ceased; and when, on March 28th, the patient left the bed, all the papillæ had, with exception of a few faint traces, entirely disappeared. The inunctions were now reduced to one application daily, and this at bed-time, and a bath in the morning; the body thoroughly lathered with carbolic acid soap, then wiped dry. He took for four weeks Asiatic pills. This modified treatment was continued, uninterruptedly, for two months. The entire body was now free from lichen papillæ; but in the flexures of the knee-joints, front of tibia, chest, and back, there had now appeared, and closely appeared by me, about twelve shining, red, flat lichen maculæ varying in size from a small cherry to a dollar. These had most probably, by a slow progressive evolution of the lichen papillæ, developed upon the surface. The treatment employed during April was pyrogallic acid in the form of vaseline ungt. and muslin ointment, but without much success. In May, under the use of carbolic acid and lead muslin ointment, the last vestige of them disappeared. About the close of April the Asiatic pills were suspended and Boeck's remedy substituted, as follows:—

℞. Kalii chlorici . . . 30.0.
Sacchari albi. . . . 50.0.

M. Sig.—One-quarter hour after each meal one teaspoonful, and one-quarter hour later twenty drops of acid sulphuric, dil., in a tumblerful of sugar water.

The middle of June, three months after treatment was first begun, the patient again presented himself to me, and I found him fully cured and in excellent health. Arsenic was not again resorted to; and after one and one-quarter years, in August, 1882, I again saw the patient and an examination of him convinced me of his perfect health. This case teaches that, by the external and persistent use of carbolic acid in lichen acuminatus much can be accomplished towards a cure, though perhaps, it may not establish it. Again, it shows the typical features of lichen acuminatus and planus in simple, timely continuity. Of most interest to us is the development of planus maculæ. According to the teaching of the English and French authors, and which, judging from our text-books, the Germans follow, these maculæ are to be regarded as secondary plaques evolved from large groups of small non-desquamating, flat, lichen papillæ. Now, in regard to the case just cited, as well as many others, I would state most emphatically that these red maculæ appeared *d'emblee*, as the French would say, upon parts almost fully cured of lichen acuminatus; that at first they were indistinct, and grew progressively in color, form, and size very distinct and prominent. At no time, were these well-separated groups of flat papillæ to be found in these planus efflorescences. Am I not justified in designating the latter a lichen planus? certainly so, they were plainly characteristic of the lichen plaques as described by English and French authors. They are red, but slightly elevated, in the centre depressed, covered with small squama; or at times smooth, wax-like, shining efflorescences which appear in association with lichen acuminatus papillæ.

[To be continued.]

M. MONIN (Union Méd.) recommends the following solution to be applied to the soft palate and back of the pharynx for the relief of the irritative cough due to the elongation of the vulva: Hydrochlorate of morphine, 4 grains; bromide of potassium, 1 drachm; tincture of coca, 2 drachms; glycerin, 1½ ounce.

MIDWIFERY EXPERIENCES.

No. I.

CÆSAREAN SECTION: A CASE AND ITS LESSON.

BY THOMAS M. DOLAN, M.D.,

Fellow Obstetrical Society, London; Fellow Medical Society, London (Fothergillian Medalist); Boylston Prize Essayist, Harvard, U. S.

DR. ROBERT P. HARRIS,* Philadelphia, has furnished English readers with not only a statistical record of the published cases of Cæsarean section performed in Great Britain from 1868 to 1879—a continuation of those of Dr. Radford (Manchester)—but has also carefully digested his statistics, so that obstetricians are saved the labor of searching for the interpretations which the figures represent, or which may be put on them.

It may interest my Philadelphia *confrères* to read the notes of a recent case, in which this operation was performed on one of my patients, and, though it was unsuccessful, yet some lessons may be derived from it, so as to guide us in our efforts to place this much dreaded operation on a true scientific basis, or to discard it, or rather complete it by the addition in all cases of utero-ovarian amputation.

Dr. Harris brings down his recorded cases to the year 1878, making up to that date a total number, with Dr. Radford, of 118, and he tells us that of the whole 118 there were 22 who recovered, who were operated upon as follows: Early, 1; within twenty-four hours, 5; on the second day, 3; on the third day, 5; in four days, 1; in five days, 1; in six days, 1; in twelve days, 1; labor not commenced in 2, and time not stated, 2.

He started with the preconceived opinion that in Great Britain the Cæsarean operation was not soon enough performed, but he startles us by his evidence, that all the promptly performed operations saved but 20 per cent., whilst those of the last twenty years, without reference to time in labor, saved 24 per cent. May we ascribe this to increased skill and to the application of Listerism? Dr. Radford has proved that the published cases do not represent the total number of Cæsarean sections performed in Great Britain, many cases not being reported, and especially silence being preserved over unsuccessful ones. I supplement Dr. Harris's table with some cases I find recorded in English journals from 1878 to 1884.

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* British Medical Journal, Vol. I, 1880, page 508.

Dr. Harris's Tables of Cases of Cæsarean Section in the United Kingdom, a Continuation of Dr. Radford's.

No.	YEAR	LOCALITY	OPERATOR	HOSPITAL	CAUSE OF DIFFICULTY	AGE	HEIGHT	DIAM.	TIME IN LABOR	UTERINE SUTURES	RESULT TO WOMAN	RESULT TO CHILD	CAUSE OF DEATH IN WOMAN	LIVED AFTER OPERATION	REFERENCE
99	1869	London.	Dr. B. Hicks.	.....	Pelvic tumors right side of cervix.	40	.....	.....	Labor slow & long, pulse 100, unfavorable.	Two wire sutures through uterus and abdomen.	Died.	Lived 9 months	Peritonitis.	3¼ days.	Trans. Obstet., Soc'ty, London 1870, p. 99
100	1869	Alvechurch Worcestershire.	Mr. John S. Gaunt.	.....	Malacosteon.	38	.....	1¼ in.	Two days or a little less.	.....	Lived.	Lived.	.....	.....	Br. Med. Jour., Aug. 28, 1869, p. 240.
101	1869	Glasgow.	Dr. A. Neilson.	.....	Deformed pelvis.	33	.....	1½ in.	Three or four hours with petrous pains.	Twelve carbolized catgut sutures.	Died.	Alive.	Presumed embolism of heart.	14 hours.	Lancet, March, 1870, p. 336.
102	1870	Ellesme.	Dr. John S. Roe.	Union Workhouse	Malacosteon.	35	.....	.....	Three days at intervals.	.....	Died.	Lived.	.....	4 dys., 9 hrs.	Lancet, July 30, 1870, p. 149.
103	1870	Lon lon.	Dr. Ed. Head.	London.	Malacosteon.	35	4 ft. 6 in.		Not stated.	One of silk.	Died.	Lived 4 hours.	.....	15¼ hours.	West. Med. Jour., April 23, 1870, p. 409.
104	1871	Wolverhampton.	Mr. H. Gibbons.	Wolv. Lying-in.	Rachitic pelvis.	22	3 ft. 10 in.	1¾ in.	A few hours, 5 to 7.	.....	Died.	Lived 9 days.	Vomiting and exhaustion.	40 hours.	Trans. Obstet. Soc'ty, London, 1876, p. 378.
105	1871	Kintore, Scotland.	Dr. A. Inglis.	.....	Rachitic pelvis.	....	3 ft. 6 in.	2⅛ in.	Over 40 hours.	.....	Died.	Dead in few moments.	Shock and exhaustion.	Not a day.	Edin. Med. Jour., Oct. 1871.
106	1871	Romford.	Dr. H. F. Davey.	.....	Rachitic pelvis.	30	3 ft. 8 in.	1½ in.	23 hours, exhaust'd, pulse 27 an hr. after-w'ds, well in 15 days.	Eight of silver wire operation in a sitting posture.	Lived.	Not stated.	.....	.....	Lancet, June 8, 1878, p. 826.
107	1872	Leeds.	Dr. P. Foster.	.....	Rachitic pelvis.	22	.....	1 to 2 in.	Slight pain 2 days, with escape of liq. amnii.	.....	Lived.	Dead.	.....	.....	Lancet, June 1, 1872, p, 753.
108	1872	Durham County.	Dr. Yarrow.	Workhouse	Rachitic pelvis.	34	4 ft. 2 in.	1½ in.	Over 24 hours.	.....	Died.	Lived.	Probably septicæmia.	4 days, 12 hours.	Lancet, Oct. 12, 1872, p. 523.
109	1873	Wisbed.	Dr. T. C. Nicholl.	.....	Cancerous tumors filling pelvis.	30	.....	1 in.	26 hours.	Two uterine sutures	Died.	Dead.	Exhaustion, no peritonitis.	41 hours.	Lancet, June 7, 1873, p. 802.
110	1874	London.	Dr. A. Meadows.	St. Mary's.	Rachitic pelvis.	21	4 ft. 1 in.	1⅝ in.	Not stated.	Four catgut, parts all became united.	Died.	Lived 7½ mos.	Shock, reopening of the uterine wound.	32 hours.	Br. Med. Jour., Jan. 24, 1874, p. 106.
111	1875	London.	Dr. C. H. Routh.	.....	Rachitic pelvis.	29	.....	1¾ in.	All night, next day until 4 P. M.	Carbolized catgut.	Died.	.....	Septicæmia, heart-clot.	62½ hours.	Trans. Obstet. Soc'ty, London, 1876, p. 240.
112	1875	London.	Dr. W. C. Grigg.	Queen's Charity Lying-in.	Rachitic pelvis.	38	3 ft. 6½ in.	1⅝ in.	6½ hours, pulse 130.	One continuous silk suture.	Died.	Lived.	Slight peritonitis, vomiting.	27 hours.	Br. Med. Jour., May 8, 1875, p. 609.
113	1875	Bury Lancashire	Mr. J. Parks.	.....	Rachitic pelvis.	32	.....	.....	Early.	Four of silver wire.	Lived.	Dead.	.....	.....	Lancet, Feb. 12, 1876.
114	1876	London.	Dr. Galabin.	Guy's.	Obstruction or induration of vagina.	41	.....	.....	6 days, pulse 150, fœtus putrid.	.....	Died.	Dead.	Shock.	Died on table.	Trans. Obstet. Soc'ty, London, 1877, p. 252.
115	1876	London.	Dr. J. Edmunds.	London Imperial.	Exostosis of ischium.	28	.....	.....	60 hours, good circumstances.	.....	Lived.	Lived.	.....	.....	Lancet, Dec. 9, 1876, p. 818.
116	1877	London.	Mr. H. Morris.	Middlesex.	Malacosteon.	40	.....	1⅝ in.	32 hours.	Five catgut.	Died.	Dead, craniotomy.	Peritonitis and exhaustion.	60 hours.	Lancet, April 6, 1878, p. 488.
117	1877	Barlow Derbyshire.	Mr. E. Wrench.	.....	Rachitic pelvis.	28	4 ft. 3¾ in.	Infantile.	35 hours.	.....	Lived.	Lived.	.....	.....	Lancet, July 6, 1878, p. 4.
118	1878	London	Dr. B. Hicks.	Guy's.	Cancer of vagina.	....	.....	.....	Labor brought on in 8th month, 11th pregnancy.	.....	Died.	.....	.....	24 hours.	Trans. Obstet. Soc'ty, London, 1879, p. 106.

Supplement to Dr. Harris's Table.

No.	YEAR	LOCALITY	OPERATOR.	HOSPITAL	CAUSE OF DIFFICULTY.	AGE	HEIGHT	LONG. DIAG.	TIME IN LABOR	UTERINE SUTURES	RESULT TO WOMEN	RESULT TO CHILD	CAUSE OF DEATH IN WOMEN	LIVED AFTER OPERATION	REFERENCES
119	1881	Barnet	Dr. Pengal.	Workhouse Infirmary.	Pelvic Deformity	20	.....	An. Pos. 2½	26 hours.	Wire sutures 2½ inches.	Dead.	Dead.	Peritonitis.	39 hours.	Br. Med. Jour., Jan. 21, 1882, p. 79.
120	1881	Stafford.	Dr. Walter.	North Staff Infirmary.	.....	28	3 ft. 6 in.	.....	30 hours.	Carbolized Catgut.	Lived.	Lived.	.....	.....	Br. Med. Jour., Vol. I. Jan. 8, 1881, p. 46.
121	1881	London.	Dr. Galton.	Soho Hospital.	Cancer.	34	.....	.....	17 hours.	No sutures in the uterine walls, silver wires in abdominal walls.	Dead.	Fœtus Dead.	Peritonitis.	27 hours.	Lancet, 1881.
122	1882	London.	Dr. Eddis & Mr. Marris	Middlesex	Epithelioma.	29	.....	.....	30 hours.	Fishgut sutures.	Lived.	Lived.	.....	.....	Obst. Trans., 1882, p. 304.
123	1883	Newmark't	Mr. Gray.	.....	Deformed Pelvis.	41	4 feet.	.....	Some hours.	Wire Sutures.	Lived.	Dead.	.....	.....	Br. Med. Jour., Vol. II., Oct. 13, 1883, p. 727.
124	1884	Halifax, England.	Dr. Dolan.	Union Infirmaries	Deformed Pelvis.	26	3 ft. 11 in.	1¼ An. Pos.	8 hours.	Carbolized catgut, silver wires in abdominal walls.	Dead.	Lived.	Peritonitis.	54 hours.	

On Tuesday, December 30, 1884, I was summoned by my midwifery nurse to the Halifax Union Maternity to see Agnes Maud Perks, who was reported to be in labor. I saw her at 9.30 A.M. She was in labor; pains were weak and occasional, and had been on a few hours. On examination, I found that the promontory in the sacrum was not only prominent, but exostosed, and so far approached the pubis that it barely allowed the tips of two fingers to pass to feel the presentation, and that the pelvis was generally contracted.

I anticipated some trouble with this patient, as she had been in the home a few weeks; she was dwarfed, measuring three feet eleven inches. I immediately had a consultation with Mr. H. Wright and Dr. Davy, and we decided, after several examinations and measurements that it would be impossible in any way to deliver *per vias naturales* and that the only chance lay in Cæsarean section.

A room in another part of my infirmary was at once prepared, and the temperature raised to the desired heat. This, of course, took a little time, and it was not until 2.30 P.M. that the patient was transferred to this room. She was cheerful, not weakened, and in every way seemed to be a favorable case.

In these days of antiseptic precautions it is needless to say that the spray was employed, and that every attention was paid to the avoidance of anything that could give rise to sepsis.

Ether was administered by Dr. Davy, and the operation performed by myself and Mr. Wright.

A central incision was made, beginning just below the umbilicus and carried down, a little to one side of the linea alba, to an inch above the pubis. As the abdomen was thin the uterus was soon reached and incised without any trouble, the intestines not interfering. But little difficulty was experienced in extracting a male child, which was alive, and comparatively little blood was lost. The placenta was taken away at once, all the parts well washed and cleansed, a drainage-tube was inserted, the uterine wound was brought together with interrupted carbolized catgut ligatures, and after the usual details the external wound was closed with silver sutures, and dressed with iodoform and salicylic silk, kept in position by a strong, firm binder. She was soon removed to bed and made comfortable, and very soon recovered from the effects of the ether. The whole ope-

ration occupied about twenty minutes. Two nurses were told off to look especially after her, one for the night and one for the day. An opiate suppository was inserted, catheter used, and ice only given. She passed the first night well. The uterine passages were well syringed through a tube. The following are the temperatures:—

100, 8 P.M.; 95.2, 9.30 P.M.; 98.4, 12 P.M.; 99, 3 A.M.; 98, 5 A.M.; 99, 8 A.M.

She was seen repeatedly on the 31st. As she craved very much for something to drink, *a little milk was allowed.* Pain was very slight. She had urinated, and was in very good spirits up to about 8 P.M., when she commenced to feel sick, this was followed by vomiting. The suppositories were continued, and beef injections of peptonized beef jelly (Mahersbed's) were given. About midnight she complained of great pain; this seemed to be relieved by the opiate suppositories. At 4 A.M. there was a great change. A sudden state, almost of collapse, set in. This was overcome by hot bottles to the feet. The tube had come away during the day, and the passages were syringed in the ordinary way. The discharge was not offensive. The following are the temperatures December 31st:—

100, 10 A.M.; 100, 12 A.M.; 99, 2 P.M.; 105, 5 P.M.; 102, 6 P.M.; 100, 8 P.M.; 101, 10.30 P.M.

January 1st. The wound was examined; it looked well, but there was a slight discharge at the lower portion. The dressings were changed every three hours. She was still kept under opium, and beef suppositories were introduced into the rectum. She gradually sank during the day, dying at 8.30 P.M. The following are the temperatures:—

January 1st, 102.4, 1.30 A.M.; 103.6, 6 A.M.; 102.2, 12 midday; 100, 7 P.M.; 102.2, 4.10 A.M.; 101.3, 8 A.M.; 105.5, 5 P.M.

Post-mortem.—1 P.M., January 2d, seventeen hours after death.

External appearances: Body well nourished. She was not externally deformed, the dwarfed condition being chiefly noticeable in the lower extremities; spine perfectly straight. Her length was forty-seven inches, thus distributed: lower extremities nineteen inches, trunk nineteen inches, head and neck nine inches. The upper extremities measured twenty-one inches, ten, and eleven inches respectively. The pelvic measurement, from anterior-superior spine of one ilium to another was eight and a half inches. The wound in abdominal walls was in excellent process of healing. I made an incision on each side, so as to reflect back the abdominal coverings without touching the central wound, so that we might observe the exact condition of the uterus. The cause of death was at once apparent, a large clot of blood lay free in the abdomen, which had been forced through the uterine wound owing to the vomiting. The peritoneal inflammation was slight, there was no sign of pus; no offensive smell.

The next thing was to ascertain the measurement of the pelvis, which I found to be as I had already made out—one inch and a quarter antero-posteriorly, with general contraction. The bones being generally thickened.

I. There are some lessons to be derived from this case. So far as antiseptic precautions were concerned it had been successful, and had it not been for the vomiting a fatal termination might not have occurred.

[Concluded in April number.]

FOREIGN BODY IN THE INTERIOR OF THE LEFT EYE.

SYMPATHETIC OPHTHALMIA OF ITS FELLOW. FULL RECOVERY AFTER THE REMOVAL OF THE FOREIGN BODY.

BY M. LANDESBERG, M.D.

MR. M., a cabinet maker, æt. 49, was struck, September 9, 1878, in the left eye by a piece of metal while leaning over a fellow-laborer, who was hammering a rod of steel. The sharp, cutting pain, which followed the injury, rapidly calmed down on ice-cold applications, and the subsequent restive symptoms passed away in a few days without any medical help. Vision, however, remained impaired and went from bad to worse in the next months. An oculist, whom the patient consulted in May, 1879, pronounced the case to be one of cataract, for which he proposed operation. The eye did well until June, 1881, when it suffered from a severe attack of inflammation, which, but receded to return in September, 1882. The first symptoms of mischief in the right eye were manifested in the middle of October, 1882, when periodical obscurations and photopsies began to develop in the visual field.

Near work, especially reading, became troublesome and was frequently followed by sick-headaches, to which the patient had never been subject before. The first appearance of inflammatory symptoms occurred November 3d. Vision became misty. November 13th, I ascertained the following condition:—

Right Eye.—Eye-ball slightly injected and sensitive to pressure. Ciliary vessels hyperæmic, Descemet's membrane studded over with minute exudations. Aqueous fluid clear, iris vascular, infiltrated, of greenish color, and, trembling with the motions of the globe. Pupil olive-shaped, of very dull reaction. Intra-ocular pressure pathologically increased. Vision, $\frac{1}{20}$, with concave 45 $\frac{1}{15}$. Visual field limited in its upper quadrant. Examination causes marked irritation of the eye and spasmodical contraction of the lids. On repeated instillations of duboisia, pupil dilates but very slowly, and not above the medium. There are no posterior sequechiæ. Vitreous contains a few filiform opacities. Optic disk is hyperæmic, slightly swollen, and infiltrated. The outlines are somewhat veiled and indistinct. The retina is covered by a delicate, diffuse opacity, and shows a few striated streaks near the pupillary border, a large, irregular-shaped exudation near the macula lutea, and some choroidal atrophies and pigment-maceration in the equatorial parts. Veins are highly engorged and tortuous.

Left Eye.—Eyeball slightly congested and sensitive to the slightest touch. Cornea surrounded by a broad zone of pinkish-vessels, presents in its inner lower quadrant a linear scar, which runs diagonally from the corneal border to the pupillary plane, and is attached in its whole length to the iris by a thick, dense band of connective tissue. The lower half of the iris is flat and fastened to the anterior capsule of the opaque lens. The whole tissue of iris is infiltrated and swollen. Pupil is irregular, drawn to the scar, and dilates on duboisia only in its upper half. Intra-ocular pressure is increased. Quantitative perception of light is fair, although the visual field shows a slight dulness in its outer parts.

In order to remove the adhesion between the cornea and the iris, which by itself might possibly have been the cause of the whole trouble, I proceeded in the following manner. I made an incision on the sclera-corneal border, along the quadrant, which contained the scar, introduced with the right hand into the anterior chamber a pair of iris forceps, and secured between its blades the band of connective tissue; with the other hand I introduced a sharp hook, pushed it around the upper edge of the adhesion, and by gentle pressure loosened the latter from the cornea, taking care to protect the iris, by means of the iris forceps, against too much stretching. Finally, I drew forth the piece of iris, which I had secured by the iris-forceps, and cut it off. Considerable hemorrhage into the anterior chamber and loss of vitreous occurred during the operation, and the lens dislocated upwards and inwards. In the excised pieces of iris I found imbedded, in chalky concrements, a flat, pointed, rusty piece of steel, of 2 mm. in breadth, and of 4 mm. in length.

Operation was followed by intense exacerbation of the inflammatory symptoms, which, however, rapidly subsided on atropia and hot poultices. The final result was most satisfactory. The artificial pupil remained intact.

The favorable influence of the operation upon the right eye was already manifested on the next day. Ciliary injection had almost totally vanished. The intra-ocular pressure was normal, and the ciliary region hardly sensitive to pressure. On appropriate treatment recovery progressed very rapidly, and normal condition was restored on the fifth week after the operation. Vision became $\frac{12}{10}$, and the finest print could easily be read. The exudation near the macula lutea disappeared totally, leaving a small, dirty-yellowish spot, bordered by pigmentary deposits.

In the first days of January, 1883, I performed, on the left eye, extraction of cataract in its capsule, which restored vision to counting fingers at 9′ distance. Vitreous contained large opacities; the background of the eye presented the picture of chorido-retinitis absoluta, with large pigmentary deposits on the retina.

PICRIC ACID AS A TEST FOR ALBUMEN.

BY A. P. BROWN, PH.G., CAMDEN, N. J.

AMONG the number of good tests for albumen that have been introduced within the past ten years perhaps the most practically useful of these is picric acid. I have found it to be the most delicate test that can be used to detect

small quantities of albumen in urine. I can detect albumen where heat and nitric acid fail to show it, on account of it being present in such minute quantities. When a saturated solution of picric acid in water is added to urine containing albumen, a cloudiness is produced which varies according to the amount of albumen present. The past year I have had considerable experience with this article, and have relied upon it as my most accurate test, and I wish to call the attention of medical men and pharmacists to a few points connected with this test, which I have discovered, and the best mode of using it. I use the test solution of picric acid now officinal in the Pharmacopœia. The urine should be perfectly clear, if not so it should be filtered. About two fluid drachms of the urine to be tested, is placed in a test tube, and the solution of picric acid dropped in, a few drops at a time, in order to see how small a quantity can be added to produce a cloudiness; the two liquids on mixing, will, if albumen be present produce a cloudiness, which, if faint, should be held against a dark background; of course the greater the amount of albumen, the greater the precipitate. Now there are two other things that will produce a precipitate, with picric acid, namely: Quinia, and other alkaloids, and urea. If the patient has been taking quinine, or any other alkaloid, it can be detected in the urine with picric acid, and if the specific gravity of the urine is high from an excess of urea, picric acid will also cause a precipitate, both of which might be mistaken for albumen, and to these points I wish to call your attention. It was a long time before I was able to distinguish these precipitates. I accidentally discovered that if nitric acid was added to the urine containing such a precipitate, the result is as follows:—

After adding the solution of picric acid to urine, and a cloudiness is produced, and you are uncertain whether it is caused by albumen, alkaloids, or urea, in order to satisfy yourself add a few drops of nitric acid to the urine, if it is urea, or an alkaloid, it is instantly cleared up, but if it is albumen, instead of its clearing up the precipitate becomes more dense.

You can then rest assured that the cloudiness is caused by albumen being present in the urine. I have not seen these facts mentioned anywhere, and I think they should be made known to medical men, and with this view I have written this paper, hoping it will add to the stock of knowledge already obtained. Of course these tests might fail in some hands, but no one is successful if they are careless. Everything that is worth doing at all is worth doing well. Apply your tests carefully, watch the result, do not be satisfied with applying the test once, but make several experiments and you will be repaid for your trouble, and success will follow.

SOCIETY PROCEEDINGS.

CAMDEN COUNTY MEDICAL SOCIETY.

A GERM OF ASIATIC CHOLERA IN NEW JERSEY.

BY JOHN STEVENSON, M.D.

THE weight of testimony concerning Asiatic cholera accumulated by the medical profession points to the delta of the Ganges, in southern Asia, as the seat of this scourge. The researches of modern scholars into East Indian history and literature, show that a disease similar to it has been indigenous in Hindoostan from very ancient times, although no authentic record is found of its having left its native place to invade distant countries, prior to 1817. Since that time it has made three journeys around the world, reaching the United States in 1832, 1849, and 1866; and now, after another interval of a little over seventeen years, it is again on its march westward.

It is within the bounds of truth to say, that at the present time the majority of physicians who have studied the history of cholera, or who have had experience in treating it, are impressed with the belief that the cause of it is a specific poison,—an organism endowed with vitality, which, when taken into the stomach and bowels, produces the purging, the vomiting, the cramps, and other symptoms characteristic of this malady. Therefore, in the light of this theory, an outline of its general history, and a special examination of the features of its former visits to New Jersey, may be of some interest.

Cholera is a native of a hot country, and in other climates flourishes most in hot weather. Although not wholly proven, there is strong reason to believe that a temperature below the freezing point kills it. During the winter of 1848 and 1849, it prevailed in England, but

there, this season is comparatively mild. It ravaged certain places in Russia during winter, but from the description of the dress, habits, and personal filthiness of the Russian peasants, and of the hovels wherein they dwell, there is reason to believe that they are quite capable of maintaining a summer temperature in both during the coldest weather. It has never prevailed in the northern part of the United States in winter. In 1848, in New York, there were cases on Ward's Island as late as December 20th, but the character of the disease was disputed. In New Jersey there are none recorded later than the twenty-third of November. In all the epidemics of it that have visited this section of our country, the period from December to May has always been free from it. The epidemic of 1832 broke out in Montreal and New York in June. That of 1848, in New York in June, and the one in 1866 in May. In New Jersey, the earliest recorded case was on the twentieth of May, 1854, a patient of the late Dr. O. H. Taylor, of Camden, whose experience in that disease was sufficient to confirm the accuracy of his diagnosis. The probable reason why the spring is exempt more than the late autumn is, that in the former, the out-door temperature may be warm, while the cellars and cess-pools may be cold. In the latter there may be frost or even ice on the surface, but the earth has not yielded up its heat, and cellars and wells are warm.

Cholera is a migratory disease. All writers upon the subject have noticed this fact. In the great epidemics that have encircled the world, it started from India, and travelling westward followed the lines of traffic and travel from Asia into Europe, and from the latter to America. First its path was along the sea-coast and waterways, but since the building of railroads, it has deviated to follow them. This movement does not seem to have been produced by any intrinsic power of its poison to migrate, but rather to be due to the unusual movements of large bodies of men, with their baggage and merchandise. The present advancing epidemic was preceded, in 1883, by the war in Egypt, causing the transportation of large numbers of troops and stores between India and that country, and in 1884 by the French and Chinese war, with the transports, bringing cholera to Toulon and Marseilles. The three invasions of the United States, before mentioned, were preceded by extensive epidemics of the disease in Europe, from whose infected districts large numbers of emigrants were pouring into this country. In seventy years it has made short incursions from its place of nativity to many countries; sometimes it spreads over various portions of India, sometimes eastward to Tonquin and China, and again to Persia and the north. Between 1849 and 1854, it was scattered at different points in Asia, and Europe, and in 1853 and 1854 it again crossed to the United States, visiting various places, and among others the city of Camden, in which it was very fatal. In 1873 it prevailed in Austria, and afterwards in a few places in our Mississippi Valley. A careful comparison of its movements in modern times leads us to the conclusion that the poison of cholera is dangerous and fatal in proportion to its volume, as well as to the varying intensity of its power.

What is the cause of cholera, and how is it transmitted, are two momentous questions about a disease, which at all times and in all places has an average mortality of fifty per cent. Sometimes it has been less, but at others its mortality has been fearful. In the West Indies it has destroyed whole families, and almost depopulated settlements. In Camden, in 1866, with the utmost vigilance on the part of physicians and authorities, there were thirty deaths in a total of thirty-nine cases.

As early as 1848, Dr. Snow, of England, advanced the theory that cholera was caused by a specific poison acting on the stomach and alimentary canal, and causing the peculiar features of this disease. Subsequently, in Germany, Petenkofer and Delbuck declared that they had discovered the virus in the discharges from the bowels of those sick with it.

Within the past year, the distinguished German investigator, Dr. Koch, has made extensive researches, and believes that he has found its origin to be a microscopic germ, which he describes as a comma-like bacillus. Whether this be true or untrue, a careful examination of the clinical cases described by the many authorities upon the subject show a striking resemblance between the mode of action of cholera and that of many forms of life in the vegetable kingdom and in the lower animal world.

Like spores, seeds, and ova, cholera never moves to a distance any faster than it can be conveyed by travel or transportation. All ob-

servers of it in Asia and Europe agree upon this, and in its conveyance across the ocean to America, no one denies that it was carried in ships. It has entered into the United States by the great shipping ports of New York and New Orleans, and from thence has spread to other places. The disease has always been introduced into New Jersey, primarily from New York, and has followed the railroad route across the State from the latter place to Philadelphia. On May 11, 1849, the first case occurred in New York. In Newark, N. J., there was a death from pronounced cholera on the thirty-first, but the reporter states that towards the end of that month there were several cases sudden and severe diarrhœa with great prostration. A person was seized with it in Patterson on the thirtieth of May, while in Camden no case was noted until the middle of June, the exact date not being given. The victim, who died, lived in one of a cluster of small, filthy frame tenement houses, bounded on two of its sides by the Camden and Amboy (now Pennsylvania) Railroad depot and freight yard; and what is worthy of notice is, that in the two subsequent epidemics of 1854 and 1866 the disease first appeared in exactly the same spot. In the latter year cholera commenced in New York on May 1st, by a single case, followed in a few days by two others, and then there were no more until the fourth of June. Early in the latter month it appeared in Hudson City and Elizabethport, N. J. It was in Newark on the nineteenth, and in Camden on the twenty-fifth of June.

There are good grounds for the belief that the morbific matter of cholera is contained in the dejections of those sick with it, and many consider that by these means only is it conveyed from person to person, or place to place. There is a vast array of proof, that, as a general rule, it is not communicated from body to body by the touch, or by handling of its patients. According to the report of the French Government, in 1832, there were in that year in Paris 55,000 cases and 18,000 deaths, while out of 2000 nurses employed in the civil hospitals, only 164 were attacked with it. In London, in 1866, the cholera hospitals employed one hundred attendants, and but five had the disease. In the same year, there were 800 inmates on Blackwell's Island, New York, among whom there were 124 cases, yet not one of the fourteen attending physicians contracted it. The sanitary condition of Camden, in 1866, was supervised by a committee of the Medical Society, who virtually wielded the authority placed by law in a city council committee, to compel prompt reports of all suspicious sickness to the office of its clerk. Every case was carefully investigated by this committee. Of the thirty-nine, before mentioned as occurring in this city during that year, twenty-seven of them were isolated ones, scattered in different and widely separated sections at varying periods from June to November, yet in not one of these instances did any member of the family, nurse, or visitor contract the disease. The discharges of the sick and their habitations were carefully disinfected, while clothing was either disinfected or destroyed. One of this number was a new arrival, in a boarding-house at Cooper's Point, where he lingered for two days sick with cholera, among thirty-five other boarders, who were seamen, mechanics, and laborers. Although this was in the latter part of August, not another case was afterwards found in that house or its vicinity.

Some observers are of the opinion that the germ contained in the alvine discharges does not directly communicate cholera, but suppose that it must find a proper nidus in which it undergoes a change of condition—very like that which takes place in some of the insectivora—when by rapid multiplication it forms a focus in which any one is liable to contract cholera. Be this as it may, there is an almost universal consent that heat, moisture, and filth, with its emanations, are requisite to reproduce the disease. The first of these has already been dwelt upon. We know that moisture increases the number of cases and aggravates their symptoms during the prevalence of an epidemic. Without referring to the numerous foreign authorities upon this point, it will suffice to quote illustrations at home. The reports of the standing committee of the New Jersey State Medical Society, with its correspondence from county reporters, gives each year a panoramic view of the health of the State. Unfortunately those for 1832 were never printed and are extremely meagre, but those for 1849 are quite full and replete with information from all sections that suffered from the prevailing disease. They especially refer to the unfavorable effects a damp atmosphere exercised upon it. In 1854,

the summary of the committee on the subject of cholera, states that humidity is believed to invite it, and that their observations confirm the fact, that the inhabitants of low, damp places, and dwellers by the side of water-courses, or bodies of water are more liable to attack than those living elsewhere, and special instances are given in proof of it. So firmly had this belief become impressed upon the physicians of this State, that the report of the committee for 1866 gives as one of its conclusions, that "a damp atmosphere associated with a high temperature intensifies the disease," and it names a number of localities, where observations of relative humidity had been taken during the epidemic, and where a saturated atmosphere was noticed to have been accompanied by an outbreak, or an increase of cholera.

There is an exception to this in Jersey City, which lies on a flat plain, with an extensive water front covered with railroad depots, and lined with foreign shipping. This city has always been singularly exempt from cholera, there being but three cases in it in 1866, while in Hudson City, which lies just back of it on a ridge 150 feet higher, there were fifty two.

It has been conceded everywhere, that filth is a potent factor in the germination of the poison of cholera; therefore it is unnecessary to detail any of the numerously recorded instances that go to prove this. It is possible that it may be developed under the two conditions of heat and moisture, without filth as it is ordinarily considered. Dr. William Elmor, Jr., Corresponding Secretary of the State Society, reported in 1866, from Bridgeton, Cumberland County, that the only appearance of the disease in that city, during the year, was at one time and in one place, in two houses at a corner of two main streets, occupied by careful, intelligent, and refined people. In one house dwelt a lumber merchant, who, after a few days of diarrhœa, was seized with cholera on Thursday, September 26th, and died on Saturday. His two children were attacked and recovered. On Sunday, one of the family in the other house was taken with it, and within eight days there were in these two families and their attendants fifteen cases and six deaths. What was the cause of it? The inmates were prudent and cleanly indoors; their outhouses although not in an offensive condition were carefully disinfected, and a sample of the drinking water was sent to a Philadelphia chemist for analysis, and proved to be perfectly pure. But, says the doctor, it is true that the cholera evacuations of the first family were merely emptied on the ground, not buried and disinfected, like those "of the second family."

There are two ways by which cholera may be carried from one place to another, the one may be called the short and quick method, the other the long and slow one. A perfectly healthy person, from an entirely salubrious town or country, may visit an infected locality, go away, and be sick with it at home, or elsewhere. Judging from clinical observations the attack may come on in a few hours, or not for a day or two—the time being short. In July, 1866, at Hudson City, a poor German was employed to remove and bury the putrefying carcass of a horse, lying a few rods distant from a house infected with cholera. He died the same night of the malady. Towards the last of the same month and year the disease became located in Camden, in a low place, inhabited by filthy people, and caused six cases and five deaths within six days. On August 1st, a negro from the adjacent township was hired to clean and disinfect it. He was dead in twenty-four hours. Sometimes the period of incubation is longer. In the summer of 1849, a charcoal-burner living in the mountains sixteen miles from Paterson, went into that city to sell his coal, during an epidemic of the scourge. He ate and drank rather freely, but returned home the same night. The next day, Wednesday, he complained of feeling unwell, and on Friday he died, having all the symptoms of cholera. A wool merchant who resided on Cooper's Hill, Camden, did business on Front Street, Philadelphia, his counting room adjoining a court wherein cholera became located in August, 1866. On the twenty-third of the month, the day after the Board of Health of that city had reported seven or eight deaths there, he complained of indisposition during the forenoon, returned home at noon, and was a corpse before another sunrise. The body of the man who died near Paterson, was kept from Friday until Sunday, becoming partially decomposed. Out of his family who lived with him, and of his friends who attended the funeral, seven died of the disease in a week, there being no more of it in that neighborhood during the season. In the last instance, in this city, the

dwelling of the victim and all the adjacent premises were thoroughly disinfected, his clothing fumigated and destroyed, and though the weather was hot, not one of his household, nor any one in the vicinity, had the disease during the balance of the year.

Quarantines of persons, baggage, and merchandise have been established to prevent the introduction of the dread poison into uninfected countries, thus showing a deep-seated conviction in the public mind that it may be conveyed by any or all of these agencies. Clothing soiled by the discharge of the sick is thought to be extremely dangerous, and it is probable that unsoiled clothes and goods packed up in an atmosphere loaded with germs, may be the means of transmitting this pestilence; germs, thus protected, apparently retain their vitality for a considerable length of time in a dormant state, and for a while become seemingly harmless, but when placed in the proper conditions for propagation they develop their fatal power. In the autumn of 1848, two sailing-vessels left the port of Havre for the United States, one destined for New York, the other for New Orleans. They were loaded with passengers, both cabin and steerage; the latter were emigrants collected from various places on the Continent, in some of which cholera was raging. It is known now that there were cases of it in Havre, although at the time the French government suppressed the fact. In one vessel the disease broke out on the twenty-sixth day out, just after a sudden fall of the temperature, that caused the passengers to overhaul their baggage for thicker clothing. In the other vessel, which followed a more southerly course, it began on the sixteenth day. This may be designated as a slow mode of migration, but in these days of fast steamships and limited express trains, the time would be ample to carry it from Europe to the Mississippi, or even to the shores of the Pacific.

A peculiarity in every epidemic of cholera is, that it sends a warning in advance. Every writer upon the subject at home and abroad, alludes to the admonitory diarrhœa which precedes its advent. Looseness of the bowels becomes more frequent than usual; it comes on more suddenly; the discharges are more watery; the pain accompanying it is intensified; there is a tendency to cramp, and a physical prostration out of proportion to the severity of the symptoms. This so attracted the attention of the French physicians in their first epidemic, that they coined a new word for it, calling it "cholerine." The medical men of this State have constantly observed this. At a meeting of the State Medical Society, held May, 8, 1849, the standing committee say that at present there exists a decided tendency to cramps, colic, and diarrhœa, generally tractable, "but in some instances it was difficult to overcome the laxity of the bowels." In a report made to them in that year, by Dr. J. F. Garrison, then a practitioner in Gloucester County, now an honorary member of this Society, he gives the details of the first case in that county, which occurred in the middle of June, the subject, a fisherman on the shore of the Delaware River, at Red Bank, who had contracted it in Port Richmond, Philadelphia. He drew a graphic picture of its influence in that part of the country. Afterwards, diarrhœas were almost universal, they were easily induced, and when checked they had a tendency to return. A feeling of prostration was everywhere complained of, and workingmen would seek for something to relieve them of it, although otherwise in good health. In 1854, the published accounts from Camden and Pemberton, in Burlington County, invite especial attention to the universal increase in cramps, colics, diarrhœas and dysenteries, before the epidemic declared itself. In 1866, the Society's correspondent in Bergen County speaks of an "epidemic condition of the atmosphere highly favorable to cholera," and in this city the same phenomenon was observed as in previous epidemics.

Superadded to these mild intestinal signals of approaching danger, another of a more startling character appears, before the dread disease marshals its forces for its fearful fatal epidemic onset. There will be a single case, or a few isolated ones of sudden and unexpected death after a brief illness, with all the symptoms of cholera, after which there is a short period of calm. The imperfect records of 1832 do not prove this as clearly as those of later years, when official sanitary supervision had been firmly established and more accurate statistics collected. Examples of this have already been given in describing the mode in which it has invaded this State, therefore it will be sufficient to refer to the manner of its advent into Camden in 1866. The first case was an adult, who was attacked on June 25th, which quickly

proved fatal. After this, there was no more until July 25th, when suddenly, in the same place, occurred the six cases and five deaths before mentioned. During the past year the same thing was observed in Toulon, Marseilles, and Paris; the London Lancet and other publications affirming there was evidence of a number of deaths from it some time before the authorities officially recognized it.

Many vessels arrived in the United States with passengers from infected places in Europe, and with sickness on board, before the commencement of these epidemics. During the spring and summer of 1832 a number of such ships had entered the St. Lawrence and into the port of New York. In the autumn of 1848 the ship "New York" carried it into the latter place, and the "Swanton" into New Orleans, both having lost many passengers by it. In the spring of 1849, numerous vessels upon which deaths had taken place during the passage reached New York. In November, 1853, twenty-eight vessels arrived in that city, upon which 1141 persons had died with cholera. In October, 1863, the "Atalanta," from Havre to that port, lost twenty-three passengers by the same disease, and in the spring of 1866, Dr. Rauch, of Illinois, states that there had been 3000 arrivals in New York, of individuals "who had been directly exposed to the infection of cholera at Liverpool, on shipboard and at quarantine." If the germs introduced in the fall did not develop and spread in the North, it was because of the cold weather. We find, however, enough new ones were brought in, in the spring, germinating slowly under a moderate temperature, to spread in a diluted form in the atmosphere of the towns along the route of through travel in this State, and to cause the premonitory symptoms so generally noticed.

When a town or city has become fully overshadowed with this pestilence, and the storm-cloud breaks, it strikes simultaneously, with great suddenness and violence, in distinct, and often widely separated parts. Says Dr. Laurie, of England, in 1830, "the inhabitants of Gatesburg fell asleep on the 25th of December with a sense of perfect security, and devoid of panic, but before the sun rose on the 26th, fifty-five individuals had been seized, thirty-two of whom were not destined to see it set." This sudden and widespread attack of the epidemic has been observed in all its visits to New Jersey, and the fact has been carefully noted by skilful physicians in Newark, Paterson, Hudson City, Rahway, Burlington, and Camden, except that in Newark and Camden, in 1866, the sanitary precautions employed seemed to prevent any extended or uniform onslaught.

Cholera seems to be a self-limited disease. Removed from its native country, even into a climate of an equally hot temperature, it dies out in time, unless the virus is renewed from its original home. After each of its visits to this country it became entirely extinct. When it appears in our towns and cities it locates in well-defined areas, runs its course and disappears, not to return to them unless re-infected. The germ has a definite period of life at the end of which it expires.

If there be any truth in the foregoing theories, or if the facts narrated have been correctly applied, there are practical lessons to be learned therefrom, suitable to this occasion, when we are met together to devise measures to be recommended to our fellow citizens to protect them from the disastrous consequences of another epidemic of Asiatic cholera. There is but one safeguard for us in New Jersey, situated as we are between the two great cities of New York and Philadelphia, with a never-ceasing stream of travel and traffic flowing between them, and passing to and fro between those cities and our own towns. That is the most thorough investigation into our hygienic condition, and preparation for enforcing the most efficient preventive measures. If there is any doubt of the efficacy of these means to overcome the dreadful pestilence, the history of the past will remove it, a comparison of the results of sanitary labors in the two cities of Newark and Camden will dispel it. Prior to the last epidemic there was no organized effort in that direction in either. The little that was done was by a few of the most intelligent citizens, who, when the disease appeared, cleaned up their premises, whitewashed their cellars and outhouses, and sprinkled a trifle of chloride of lime. In Newark, in 1849, with a population of 38,000, there were seventy-nine accounted deaths from cholera, no record having been kept of the number of cases. In Camden, where many of its 9000 people had fled, there were one hundred and nineteen cases and fifty deaths. In 1854, when the disease was not so severe, there were ninety-four cases and thirty-

seven deaths in the latter city. In 1866 both of these cities had put in execution an efficient system of sanitary measures to prevent its entering into them, and to stamp it out when it appeared. At this date the population of Newark had increased to 80,000, among whom there were only twenty cases, most of which were fatal. Camden had 18,000 inhabitants, and, as was previously mentioned, there were but thirty-nine. The power of cleanliness and disinfection was strongly illustrated in the latter, where, in the two localities in which it gained a foothold, it was not only eradicated, but ceased on the very day upon which the workmen finished their labors.

THERAPEUTIC NOTES.

COCA AND COCAINE IN SLEEPLESSNESS.

Some observations recently made by Dr. Murrell at the Westminster Hospital (British Medical Journal) indicate that cocaine is a hypnotic agent of considerable value.

The first patient, a man, æt 33, suffering from aortic disease and albuminuria, had been troubled with insomnia for a fortnight. Three minims of a four per cent. solution of hydrochlorate of cocaine (equal to ⅛ of a grain) were administered hypodermically. The patient slept better that night than he had done for a long time. The following night, one drachm of valoid of coca (a liquid extract, each drachm of which represents an equivalent quantity of the pure drug) was administered. He did not, however, sleep well. Two drachms of the valoid of coca were then given, and refreshing sleep was induced. The patient has continued to take this dose nightly for the past three weeks, the sleep being natural and undisturbed.

Two drachms of the valoid were given with an equally beneficial result to another patient convalescent from empyema, but suffering from sleeplessness.

The third patient a woman, with tertiary syphilis, was kept awake by pain in a large rupial sore on the thigh. Two minims of the four per cent. solution of the hydrochlorate of cocaine, dropped on the ulcerating surface, relieved the pain, and the patient slept.

As evidence that coca and cocaine have no toxic action—at all events in moderate doses—it may be mentioned that, in a case of rheumatism, the dose of hydrochlorate of cocaine was gradually increased by Dr. Murrell to six minims (¼ of a grain) hypodermically, and the valoid increased to five drachms, without any bad effect.

TREATMENT OF BURNS BY BORACIC ACID OIL.

C. J. Bond, F.R.C.S. (British Medical Journal), has obtained excellent results in burns, from the use of a dressing composed of eighteen grains of powdered boracic acid dissolved in a drachm of hot glycerine, and added to an ounce of olive oil. This forms a kind of imperfect emulsion, the glycerine retaining the acid in solution when cold, and will be found to be non-irritating, as well as antiseptic. Extensive burns treated with it and covered with a layer of some antiseptic wool, require to be disturbed but seldom, and if not perfectly aseptic, are far "sweeter" than when dressed with, for instance, the carron oil.

As a lubricant for catheters, sounds, etc., this boracic oil with glycerine possesses advantages. It is superior to olive oil, because of its antiseptic property; and better than carbolic oil, because it is less irritating and much more stable; boracic acid being non-volatile.

PULMONARY HEMORRHAGE.

For obstinate cases of pulmonary hemorrhage that cannot be controlled by the usual remedies, Professor Bartholow recommends the administration every half-hour or hour of—

℞. Ext. ipecac, fl. . . . ♏v.
Tinct. digitalis . . . ♏x.
Ext. ergoti fl. . . . . ʒj.
M. Sig.—For one dose.

The ipecac will produce emesis in a short time. As soon as this occurs the bleeding will stop. Dangerous post-partum hemorrhage can be effectually checked in the same way.

VOMITING OF PREGNANCY.

Professor Parvin says the vomiting of pregnancy may depend upon so many different causes, that it is impossible to name any single remedy that will be a specific for every case. If an ulceration of the cervix exists it must be healed. If uterine displacement be the cause of the irritation it must be corrected. In the great majority of cases, however, the vomiting is either functional or sympathetic, and will be

most efficiently relieved by attention to diet and the use of tincture of nux vomica, or Fowler's solution. Better results will at times be obtained from small doses of wine of ipecac. Occasionally hydrocyanic acid or oxalate of cerium will be most serviceable.

ERYSIPELAS MIGRANS.

The value of Professor DaCosta's method of treating erysipelas by hypodermatic injections of pilocarpin was forcibly illustrated by a recent case at the Pennsylvania Hospital. The patient, a man, thirty-six years old, had been suffering from erysipelas for about three weeks. The disease first appeared upon his face, and then invaded other portions of his body. When admitted to the hospital his face was desquamating, and his chest and thighs presented large patches of the eruption. He was, however, so very weak, and in such a general bad condition that the pilocarpin method was not resorted to. He was ordered tinct. ferri. chlor., ♏xx, every three hours, and quinine gr. xij. daily. After several days of this treatment he gained somewhat in strength, and his tongue became cleaner, but the eruption, while it slightly decreased on the face, became more diffused on the body. As he was still regarded to be too weak for the administration of pilocarpin, and as the iron and quinine had not produced any marked effect on the disease, he was placed upon iodide of potash, gr. x every four hours. This was of benefit for a time, but fresh outbreaks of the eruption occurred, and the temperature went up again. Professor DaCosta then ordered pilocarpin to be administered, and in a short time the same good results were manifest that had been obtained from it in other cases. Profuse sweating occurred, the temperature went down to normal, the progress of the inflammation was checked, and the patient left the hospital in a few days.

CHRONIC BRONCHITIS.

In chronic bronchitis where there is considerable coughing, but comparatively scanty and tenacious expectoration, Professor DaCosta recommends the iodides of potassium or ammonium to be given in small doses, five or six times a day. The simple or medicated spray can also be used with advantage to moisten and soften the viscid mucus. If there be, however, a fair amount of secretion with diffused rales throughout the chest, more good will be obtained from ammonii chlor., gr. x-xv three or four times a day. Carbolic acid, and the various preparations of tar are also of benefit in this form of the disease.

Where the secretion is very profuse, turpentine or the balsams will be of most service. Medicated sprays are especially valuable in these cases for their alterative stimulant and disinfectant effect on the mucous membrane. For this purpose Professor DaCosta frequently directs the use of a solution of carbolic acid, gr. v to the ounce.

CHRONIC CONSTIPATION.

A young woman whose bowels moved only once a month, recently applied for treatment at Professor Bartholow's clinic. She was directed to use abdominal massage three times daily for fifteen minutes at a time, and to take three times a day a pill composed of—

Ext. physostigmæ. . . .	gr. ¼.
Ext. nucis vomicæ. . .	gr. ¼.
Ext. belladonnæ. . . .	gr. ¼.
Ext. aloes.	gr. j.
Ferri. sulphatis exsicc. . .	gr. ss.

DRIBBLING OF URINE.

Dribbling of urine while often symptomatic of over-distension of the bladder, is frequently due merely to either an excessive irritability of that organ or to a relaxation of the sphincter muscle, by which the urine is permitted to pass through as fast as it is secreted. When depending upon simple irritability of the bladder, a condition frequently met with in women, and in some nervous men, Professor Bartholow recommends tinct. cantharidi ♏x–xxx three or four times a day. Relaxation of the sphincter muscles can be most effectually corrected by the administration of ergot, to which iron may be added if the patient be debilitated. If there be, however, a catarrhal state of the bladder, and some enlargement of the prostate, as well as relaxation of the sphincter, Professor Bartholow advises the use of jaborandi ♏x–xx three or four times daily, until an increase of the saliva and some slight sweating is produced. The dribbling from over-distension demands prompt relief by the catheter or aspirator.

GENERAL BLOOD-LETTING.

Professor Gross considers general blood-letting to be the best of all remedies in the early stage of acute sthenic inflammations before exudation has occurred. By it we obtain at

once the good effects which sedatives and purgatives might not produce for days. It reduces temperature, lowers arterial tension, removes stasis, relaxes muscular spasm, and lessens the amount of inflammatory products in the circulation. It also facilitates the absorption and promotes the action of any medicines that may be subsequently given. It should be resorted to whenever any important organ is involved. Caution however is necessary if the patient be very old, very young or feeble, chronic alcoholism is a contra-indication for its use. Very fat persons are also unfavorable subjects for its use.

WHOOPING-COUGH.

Professor DaCosta advises quinine to be given in decided doses and to the point of tolerance as soon as the existence of whooping-cough is suspected. He has obtained better results from it than from belladonna. Chloral has also a deserved reputation and will be found to be next in value to quinine in the general treatment of this disease.

To prevent or shorten the distressing paroxysms of coughing, Professor DaCosta recommends paregoric in ♏xx–xxx doses, or the inhalation through a spray, if the child be old enough, of—

Sodii bromidi, ...	gr. xx.
Ext. belladonna, fl. . . .	gr. ij.
Aqua, ...	℥j.

GONORRHŒA IN THE FEMALE.

Dr. Andrew F. Currier (New York Medical Journal) has not seen any brilliant results from internal medication in this disease. The therapeutic agent upon which he places most reliance is the hot vaginal douche properly given. A nozzle of sufficient length should be introduced into the posterior fornix, and the vagina kept filled with water as hot as can be borne for about ten minutes at a time. This should be repeated two or three times a day. The diet must be light and unirritating. The bowels should be kept soluble. Plenty of water should be drank, especially the alkalines if the bladder or urethra be involved.

Various astringent agents may be added to the hot-water injections if deemed necessary. In cases in which the cervix was mainly affected Dr. Currier obtained excellent results from the application of a solution of nitrate of silver, sixty grains to the ounce. Weaker solutions have no apparent effect. The use of bichloride injections by patients themselves has not proved as satisfactory as was anticipated. A tampon saturated with the fluid extract of eucalyptus will at times be found grateful to the patient, as well as antiseptic and astringent in its action.

EXTERNAL USE OF CHLOROFORM IN DIFFICULT LABOR.

Dr. A. Svanberg recommends the external application of chloroform to the abdomen in cases where labor is delayed or obstetric manipulations prevented by uterine rigidity. By this means he has succeeded in turning several hours after the escape of the waters, and also in removing retained placenta without resorting to the inhalation of an anæsthetic. He soaks a piece of flannel in equal parts of sweet oil and chloroform, and then places it on the abdomen between the symphisis and umbilicus keeping it in close contact with the skin for about five minutes. If the case be a severe one the flannel is to be soaked again and reapplied for a few minutes more, at the end of about ten minutes the rigidity was always found to have disappeared, so that the necessary manipulations could be performed without any trouble.—*From Eira-Tidskrift for Helso-och Sjukvard.—Chicago Medical Journal and Examiner.*

TURPENTINE IN DIPHTHERIA.

Dr. A. J. Miller (Peoria Medical Monthly) has treated twenty-four consecutive cases of diphtheria with turpentine. Every case recovered without any sequelæ whatever. The turpentine was given in doses of from one to two drachms every eight hours until the membrane disappeared. The patients were then put on a course of iron and quinine.

CITRATE OF CAFFEINE is now very largely employed as a diuretic, and is valuable in the treatment of dropsies of cardiac, renal, or peritoneal origin. It acts as a stimulant to the glandular epithelium of the kidney. The dose is from five to ten grains three times a day. It may be conveniently given in the form of Wyeth's compressed tablets, which are decidedly active. Bishop's granular effervescing citrate of caffeine is another excellent preparation. It contains a grain to the drachm, and may be used with much benefit in the treatment of headaches.

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THE INTERNATIONAL MEDICAL CONGRESS OF 1884.—Professor Panum, of Copenhagen, who was so untiring in his efforts, and succeeded so well in making all the visitors at the recent meeting welcome and comfortable, and who, by his energy, experience, and ability made the gathering a signal success, we understand is collecting the photographs of the members of the profession who were present at that time. He will most certainly succeed, as he always will in all that he undertakes, and the album will be a memento of a memorable meeting that has reflected the greatest credit on the Danes, as well as the profession throughout the civilized world.

CONGESTION OF THE MEDULLA OBLONGATA, A PRIMARY CONSEQUENCE AND SECONDARY CAUSE OF EPILEPTIC AND EROTIC DISEASE.

THE view long prevalent that the cerebellum was the seat of the sexual impulse was strengthened for a time by the occurrence of several cases in which disease or injury of that organ was followed by either priapism or wasting of the sexual apparatus. The researches of modern physiologists, however, have shown the error of this view, and indicate that the controlling genital centre is in the medulla, and that the degenerative changes which ensued were due to an accompanying but unperceived involvement of that structure, and not to the cerebellar lesion. Among the observations which have led to this conclusion, it was noticed that extirpation of the testes in early life, with consequent abolition of sexual passion, was not followed by any changes in the cerebellum, while cases of complete destruction or absence of the cerebellum have been recorded, in which there was no diminution of that passion. The cocks from whom M. Flourens removed the entire cerebellum endeavored to gratify their sexual desire after the performance of the operation, and the monkeys, upon whom the same experiment was made by M. Ferrier, acted in a similar manner. Among the lower members of the animal kingdom those that have the smallest cerebellum frequently manifest the greatest sexual appetite. Frogs and toads, for instance, have only a narrow strip of cerebellar substance, and the lamprey eel has almost none, but the sexual propensity is very strong in all three. The same disproportion exists in the higher animals. Finally, it has been ascertained that stimulation of the cerebellum does not produce the slightest effect on the genital organs. On the other hand, Eckhart has shown that the vascular turgescence, which is the essential element of erection, can be produced by irritating the pons and medulla. Killian succeeded in exciting movements in the uterus and Fallopian tubes of various pregnant animals by irritating the medulla. Blows or injuries over the cervical region, as is well known, are apt to be followed by priapism, or gradual dwindling of the testes. Erection of the penis and emission of semen are among the characteristic phenomena of death by hanging. Congestion of the medulla is an inevitable consequence, and at times an exciting cause of epileptic attacks, and every attack in the male is marked by a seminal emission.

This intimate relation between the medulla and the genital organs was known to the ancient Greeks and Romans. It is illustrative, however, of the frightful depravity of those days that this knowledge was utilized in stimulating the jaded sexual appetite, and not in restraining it or modifying its effects. They were also aware of the morbid connection between epileptic attacks and sexual excesses, and suggested many curious theories in explanation.

It was not, however, until about thirty years ago, that the pathogeny of these affections was well established. About that time Schroeder Von Der Kolk, of Utrecht, announced, as the result of his investigations, that while the proximate cause of epileptic attacks consisted in a too highly exalted state of the ganglionic

cells of the medulla, by which they were excited to action by the stimulus of any peripheral irritant, yet that each succeeding attack, by the congestion and consequent dilatation of the vessels with which it was accompanied, gradually produced a state of chronic congestion and dilatation of the vessels of the medulla, which, in turn, reacted upon the ganglionic cells, increasing their sensibility and consequently increasing the liability to constantly recurring attacks. He also stated that experience had shown him that removal of the peripheral irritation early in the disease had, in some instances, been sufficient to effect a cure. If, however, treatment had been deferred until chronic congestion and dilatation of the vessels had occurred, the removal of the irritant might suspend the attacks for a time, but the slightest indiscretion would cause their return. In these cases it was of the utmost importance to remove that greater or lesser congestion of the medulla, as well as to get rid of the remote cause of irritation. With the view, therefore, of diminishing vascular pressure and lessening the flow of arterial blood to the medulla, he administered digitalis to his patients, and found that the attacks remarkably abated when the pulse became slower. The attacks did not cease altogether, though, and other remedies were tried with varying success. He finally resorted to the use of derivatives to the top of the head, but, as might be expected from the anatomy of the parts, obtained the best results when the cups, leeches, or setons were applied to the nape of the neck. By this method his success was marvellous. Obstinate cases of eight and ten years' duration were restored to permanent health, or ameliorated to a marked degree. The well-known neurologist, Dr. C. Handfield Jones, in reviewing the discoveries and plan of treatment followed by Von Der Kolk says: "The good results obtained by him from the actual cautery, setons, leeches, and cupping are certainly very striking. In some cases considerable improvement of the mental faculties, which had been impaired by the disorder, followed the use of these means. Blood is not merely a nutrient, but also an excitant. If the excitation be excessive, the so-called excitable districts of the brain, the medulla, and parts just above it may be wrought into a condition of abnormal irritability, which blood-letting or checking blood-flow may relieve."

Sixty years before the publication of Von Der Kolk's observations, Parry had shown that convulsions could be prevented by compressing the carotids, and so lessening the amount of blood within the cranium. This method was subsequently employed with success by Romberg and Reimer. Since that time, though, the bromides have come into general use as remedies for epilepsy. They slow the heart, contract the vessels, and by thus lessening cerebral hyperæmia will, in the majority of cases, diminish that reflex excitability and remove the passive congestion of the medulla upon which the disease depends. At times, however, the congestion and dilatation of the vessels have been too long present to be overcome by them. In these cases the external derivative method of Von Der Kolk may be employed with every hope of success. If this too should be without the wished-for effect, then Alexander's plan of ligating the vertebral arteries may be adopted in suitable cases. By this plan Alexander claims that the nutrition of the medulla, and of the upper and even of the lower part of the spinal cord, can be influenced in the most desirable manner. In a paper which he contributed to Brain about two years ago, detailing the results of twenty-one cases in which he had tied one or both vertebrals, he stated that three of the patients had been entirely well for over a year, nine had been free from attacks for such a length of time that their cure might be regarded as accomplished, and eight were improving so steadily that the operation would be justifiable, even if no better results were ever obtained.

The remarkable interdependence of epilepsy and erotic disorders, and the ready manner in which they act and react upon each other, as cause and effect, was long ago recognized. Almost every writer on the subject has stated that sexual maladies are the most frequent cause of the epileptic disease, and that every convulsion is in turn followed by a seminal emission. No satisfactory explanation of this peculiar union was adduced

until Von Der Kolk pointed out that they were both due to the same pathogenetic factor. "Onanism," he stated, "is commonly considered, and often correctly, to be a cause of epilepsy, but onanism and excitement of the sexual organs are to a greater degree than is usually supposed the result of irritation and congestion of the medulla oblongata." He accordingly advised in obstinate cases of masturbation and spermatorrhœa the application of the same derivative remedies to the back of the neck which had been so beneficial in the cases of persistent epilepsy. This plan of treatment was also recommended by Professor S. D. Gross, as of especial value in cases arising from inter-cranial irritation. Notwithstanding this distinguished indorsement, it has not been adopted as a means of cure. Reliance has been placed altogether upon the administration of bromides and other remedies to lessen the reflex irritability of the genital centre, and the use of the urethral bougie to overcome the local hyperæsthesia. A series of cases recently reported, however, in the Practitioner, by Alexander Harkin, of Belfast, forcibly confirm Von Der Kolk's conclusions, and illustrate the value of his derivative plan of treatment. The patients presented all the symptoms of aggravated spermatorrhœa. Seminal emissions occurred several times a day upon the slightest cause, and without any effort of the will. In some the irritability had extended to the bladder, so that urination was imperative every half-hour. In addition they suffered from vertigo, loss of memory, defects of gait and vision, and other manifestations of a central nervous disorder. All the usual remedies had been tried in vain. Dr. Harkin then applied cupping-glasses to the nape of the neck, abstracting from one to two ounces of blood. Relief was at once afforded in every case. The patients enjoyed a refreshing sleep that night for the first time for many months. The improvement thus manifested continued under the use of cold douches to the nape of the neck, and the administration of the bromides which now produced their characteristic effects, and in the course of a few weeks the patients were discharged, completely cured.

There are two important lessons to be drawn from these gratifying results. One is that success in any difficult case can only be obtained by ascertaining the cause of the morbid symptoms, and instituting systematic well-devised treatment to remove that cause. The other is, that a passive congestion of the medulla oblongata is frequently the most essential factor in the production and persistence of epileptic and erotic disorders, and demands relief even more imperatively than an irritable intestine or a hyperæsthetic urinary tract.

THE ADVANCES IN CEREBRAL SURGERY.

UNTIL within this last few years, the diagnosis of cerebral affections was mainly a matter of conjecture. Their treatment was accordingly a compound of empiricism and expectancy. Now, however, owing to the patient researches and accurate observations of the distinguished workers in that field, our knowledge has been placed upon a firmer basis. The functions of the various portions of the brain have been definitely ascertained, and the special motor and sensory areas have been localized with wonderful exactness. Diseases formerly obscure or misunderstood can now be promptly recognized and traced to their origin. A rational plan of treatment predicated upon the existing lesions has thus been rendered possible, and a new sphere of usefulness opened for cerebral surgery.

The recently reported case of the detection and removal of a glioma from the gray matter of the ascending frontal convolution, by Drs. Hughes Bennett and R. J. Godlee, is illustrative of what may be accomplished in that department. Since then an equally remarkable and important operation has been performed by John Fagan, F.R.C.S.I., President of the Ulster Medical Society, Belfast. The patient was a child, three years old, who had been suffering from an apparently irremediable brain affection. Notwithstanding the child's tender age, Dr. Fagan being convinced that relief could be afforded in no other way, trephined the skull. Relief was afforded at once. The little patient is now progressing favorably, and there is every reason to believe that her recovery will be permanent.

MEDICAL NEWS AND MISCELLANY.

We note with regret that the Index Medicus has been compelled to suspend publication.

Dr. James Owens Smith, of New York, died January 30th, in the eighty-third year of his age.

Dr. Francis W. Shain, surgeon of the Red Star Line, has been visiting at his home in Philadelphia last month.

The American Neurological Association will hold its eleventh annual meeting in New York on June 17th.

The Lacaze prize of 10,000 francs has been awarded by the Paris Faculty of Medicine to M. Debove for his clinical lessons on tuberculosis.

Dr. R. F. Wark (Detroit Lancet) claims tinct. ferri chlor., undiluted, to be the best local application for erysipelas. He has also found it valuable in cases of frosted feet.

Dr. Thomas Shipley Bartram, a well-known physician of Philadelphia, and a lineal descendant of Joseph Bartram, the celebrated botanist, died at his home in this city on February 2d.

The death of Dr. E. L. Gaillard, the veteran editor, occurred on February 2d. Gaillard's well-known medical journal will be continued to be published by M. E. and E. W. Gaillard.

The Medical Society of London.—Dr. John V. Shoemaker was elected a fellow of the Society, January 19th. The organization was established in 1773, and is one of the oldest in the United Kingdom.

F. St. George Mivart, F.R.C.S., records (Lancet) the case of a man æt. sixty-one, subject to epileptiform seizures, whose pulse-rate is only twenty-four per minute, except after walking fast when it rises to twenty-six.

Dr. John J. Mulherron, editor of that sparkling journal the Medical Age, has obtained excellent results in cystitis from the internal administration of benzoic acid, combined with the use of vesical injections of a solution of borax.

Dr. Edward N. Brush, formerly of Buffalo, N. Y., has resigned from the staff of the New York State Lunatic Asylum to accept the position of Assistant Physician in charge of the male department of the Pennsylvania Hospital for the Insane.

Dr. Haig (The Practitioner) reports the case of a man thirty years of age who suffered from violent attacks of hemicrania. Various plans of treatment were tried without obtaining relief. He was finally placed upon a purely vegetable diet, when the symptoms entirely disappeared.

Dr. F. A. Rice, Bridgeport, Conn., reports in the Medical Record that a cabinet maker, æt. forty-nine, who had an attack of acute rheumatism at the age of twenty, subsequently suffered from mitral disease, and eventually died therefrom. On autopsy, his heart when emptied of blood was found to weigh forty-four ounces.

At a meeting of the College of Physicians of Philadelphia, on February 4th, Professor J. M. DaCosta presided, and Dr. Richard A. Cleemann acted as Secretary. Dr. S. Weir Mitchell offered a series of resolutions which were adopted, protesting against the passage of the proposed anti-vivisection bill. A copy of the resolutions will be sent to the Legislature.

The annual meeting of the Medical Jurisprudence Society of Philadelphia was held on January 13th. The following officers were elected for the ensuing year: President, George W. Biddle, Esq.; Vice-President, John J. Reese, M.D.; and William N. Ashman, Esq.; Recorder, J. Solis Cohen, M.D.; Secretary, Henry Leffmann, M.D.; Treasurer, Hampton L. Carson, Esq.

Dr. Philander A. Harris (American Journal of Obstetrics) recommends that all cases of mastitis in which suppuration is not manifested, be treated by bandaging alone. He forbids nursing, frictions, fomentations, in fact every local measure except the application of a properly adjusted bandage. By this method the gland is placed completely at rest, and resolution will be found to begin within a few days.

Dr. T. L. Lallerstedt (Trans. Georgia Medical Association) considers gelsemium to be almost a specific for facial neuralgia, if used in large doses. He generally orders the fluid extract in twenty-drop doses every two hours, until the physiological effects are produced or relief is obtained. In cases of severe frontal headache he frequently prescribes forty grains of bromide of potash with twenty-drops fluid extract of gelsemium to be taken every hour in a full glass of water.

Professor Peter D. Keyser, Dean of the Medico-Chirurgical College of this city, extends through our columns a general invitation to the professsion to call at the college and examine a preparation of the coma-bacilli of cholera. They were obtained from a patient in Toulon, who died within an hour after the first appearance of the symptoms of the disease. They are in a state of pure-culture, prepared and stained for investigation by Koch himself, who sent them to Professor Hugo Engel.

Drs. James Tyson, Charles K. Mills, and Robert N. Chase, who were appointed as a committee on the collective investigation of dis-

ease at the last meeting of the Pennsylvania State Medical Society, have sent every member of the society a circular, and a set of cards on which to record observations made on pneumonia, chorea, and acute rheumatism. Members are requested to fill in and return the cards before April 1st to the chairman of the committee, Dr. James Tyson, 1506 Spruce Street, Philadelphia, Pa.

AT the stated meeting of the Philadelphia Clinical Society on January 23d, the following officers were elected for the ensuing year: President, Edward E. Montgomery, M.D.; First Vice-President, John B. Roberts, M.D.; Second Vice-President, Amy S. Barton, M.D.; Corresponding Secretary, Ida E. Richardson, M.D.; Recording Secretary, I. G. Heilman, M.D.; Reporting Secretary, Mary Willets, M.D.; Treasurer, L. Brewer Hall, M.D.; Councillors, James B. Walker, M.D.; Daniel Longaker, M.D.; Clara Marshall, M.D.; Henry Beates, M.D.; Henry Leffmann, M.D.

PROFESSOR BENJAMIN F. SILLIMAN, one of the most brilliant of American scientists, died at his home in New Haven on January 14th. He was born in New Haven in 1816, and graduated from Yale in 1837. In 1849 he was appointed to the chair of Medical Chemistry and Toxicology in the University of Louisville. In 1854 he returned to New Haven to succeed his father in the chair of chemistry in Yale College. His great work on the principles of physics, has long been recognized as a standard authority, and almost universally used as a text-book throughout the United States.

THE thirteenth annual meeting of the American Public Health Association will be held in Washington, D. C., December 8–11, 1885. The Executive Committee have selected the following topics for consideration at the meeting:—

I. The best form in which the result of registration of diseases and deaths can be given to the public in weekly, monthly, and annual reports.

II. The proper organization of Health Boards, and local sanitary service.

III. Recent sanitary experiences in connection with the exclusion and suppression of epidemic diseases.

IV. Healthy homes and foods for the working classes.

V. The sanitary conditions and necessities of school-houses and school-life.

VI. Disinfection and individual prophylaxis against infectious diseases.

VII. The preventable causes of disease, injury and death in American manufactories and workshops, and the best means and appliances for preventing and avoiding them.

Through the generosity of Mr. Henry Lomb, of Rochester, N. Y., the Association has been authorized to offer a first prize of $500, and a second prize of $200 for the best essays upon each of the four latter subjects, making a total of $2800, to be distributed in prizes. The judges have been selected by the American Public Health Association, the Conference of State Boards of Health, and the National Board of Health. The awards will be announced at the meeting of the Association in December, 1885. Further information can be obtained from the Secretary, Dr. Irving A. Watson, Concord, N. H.

CAMDEN COUNTY MEDICAL SOCIETY.—The meeting of the Camden County Medical Society on February 10th was one of the most notable and brilliant events in the history of that progressive and flourishing society. The meeting, which was held in the handsome parlors of the West Jersey Hotel, had been called for the purpose of discussing the cholera question, hearing the report of a committee appointed to suggest methods to prevent the spread of the disease if it should reach this country, and also for the reception of a paper upon the same subject by Dr. John R. Stevenson, of Haddonfield. The general interest manifested in the proceedings was forcibly shown by the presence of a number of prominent physicians from Philadelphia, and North, South, and Central New Jersey.

The President, Dr. Dowling Benjamin, occupied the chair, and Drs. E. L. B. Godfrey and H. Genet Taylor acted as a Committee of Arrangements. Dr. Godfrey opened the meeting with a few brief remarks, in the course of which he said:—

There is probably no question before the medical profession to-day of greater interest than the cholera question. The different views entertained by distinguished medical observers as to its causation, make its discussion the more important. Dr. Koch, the distinguished German scientist, from an examination of the cholera in Egypt, India, and on the continent of Europe, believes that it is due to a specific germ; that the coma bacillus, the name by which the germ is known, possesses distinctive characteristics; that it occurs in a constant relation to the cholera process; that the cholera process and the coma bacilli are so intimately related that there is no other conceivable relation but that the bacilli precede and produce the disease. If such be the case, successful treatment must finally be adopted when both the cause and nature of the disease are known, and a great advancement has been made by Dr. Koch, by showing that an early diagnosis can be made by a microscopical examination of the *dejecta* of an infected person, and by pointing out the readiness with which the germ is killed by drying, thus doing away

with disinfectants, which are not less useless than nauseous.

The feature of the evening, Dr. John R. Stevenson's paper, which we publish in full elsewhere in THE BULLETIN, was then read by its talented author.

On motion of Dr. Godfrey a vote of thanks was ordered to be given to Dr. Stevenson for his valuable and interesting paper. Dr. Hunt, of the State Board of Health, who was then introduced, complimented Dr. Stevenson's paper as giving a thorough history of the disease in New Jersey. He related how in 1866 he was dispatched by Governor Ward to South Amboy, where a case had come from New York, and how its probable spread had been prevented by the prompt measure of a resident physician, who burned the building and household effects contaminated by the patient. He also said the best way to prevent the spread of cholera was to be ready for it, which he thought New Jersey now was, as active measures had been taken in the upper part of the State, and that it was delightful to know that expert opinion was always considered in this end of the State, and that the medical society was always consulted, and he had no doubt but what the medical society made up its mind should be done would be done.

Professor Peter D. Keyser, Dean of the Medico-Chirurgical College, of Philadelphia, then exhibited under the microscope several specimens of the coma bacilli, which had been specially prepared by Koch himself.

In the discussion which afterwards ensued, Dr. E. O. Shakespeare, of Philadelphia, carefully reviewed Koch's theory, but stated that he was unable to accept it at present, as inoculation of animals failed to produce cholera. Dr. H. Formad reiterated his well-known views that the coma bacillus has nothing to do with cholera. Professor William H. Pancoast said that after a thorough consideration he could not doubt the germinal origin of cholera, and that, as it revelled in filth and dirt, the best prophylactics were personal and municipal cleanliness. Professor Tyson believed corrosive sublimate to be the best disinfectant.

After some further remarks by Dr. B. A. Watson, of Jersey City; Dr. Joseph Parrish, of Burlington, N. J.; Dr. Franklin Gauntt, President of the New Jersey State Sanitary Association; and Drs. J. J. Levick, and J. E. Garrettson, of Philadelphia, the members and their guests adjourned to the dining-hall, where a sumptuous collation had been prepared.

During the evening the following toasts were proposed:—

"Mutual Interests of the Medical Profession of Pennsylvania and New Jersey;" responded to by Dr. Charles G. Garrison.

"The Medical Profession Abroad;" responded to by Dr. J. V. Shoemaker.

"The oldest Medical Society in America: the Medical Society of New Jersey;" responded to by Dr. Newell, of Millville.

"Philadelphia County Medical Society;" responded to by Professor W. H. Pancoast.

"Medical Education;" responded to by Dr. J. H. Packard, of Pennsylvania University.

"State Medical Society of Pennsylvania;" responded to by Dr. Carl Seiler.

Brief speeches were also made by Dr. Formad, Dr. Levick, Dr. Stewart and others.

Among those present were:—

Drs. E. L. B. Godfrey, H. Genet Taylor, A.M. Mecray, D. Benjamin, J. Orlando White, D. P. Pancoast, W. A. Davis, James A. Armstrong, William H. Iszard, H. F. Palm, W. H. Ireland, E. J. Snitcher, C. M. Schellinger, J. F. Walsh, A. T. Dobson, P. W. Beale, D. M. Strock, J. W. Donges, S. B. Irwin, O. B. Gross, Judge-Advocate-General Charles G. Garrison, Rev. Dr. J. F. Garrison, Marmaduke B. Taylor, A. P. Brown, Dr. J. C. De La Cour, J. L. De La Cour, Simeon T. Ringle, Carroll Reeves, and others, of Camden. Dr. E. M. Hunt, Secretary New Jersey Board of Health; Dr. Franklin Gauntt, President of the New Jersey Sanitary Association; Dr. Parish, Vice President New Jersey Medical Society; Dr. J. W. Ward, Trenton Asylum; Dr. Milton Fernure, President Bergen County Medical Society; Dr. H. M. Weeks, President Mercer County Medical Society; Dr. William P. Melcher, President Burlington County Medical Society; Dr. L. M. Halsey, President Gloucester County Medical Society; Dr. B. A. Waddington, President Salem County Medical Society; Dr. George Tomlinson, President Cumberland County Medical Society; Dr. Edward North, President Atlantic County Medical Society; Dr. Carll, Cape May County Medical Society; Dr. Elmer, of Trenton; Dr. Newell, of Millville; Dr. Woolston, of Marlton; Dr. H. A. Smith, of Gloucester; Dr. Stout, of Berlin; Dr. H. E. Branin, of Blackwoodtown; Drs. Tomlinson and Blake, of Gloucester City; Dr. Thornton, of Moorestown; Dr. Taylor of Beverly; Dr. Alexander Marcy, Jr., of Riverton; Dr. Laws, of Paulsboro.

From Philadelphia, there were present: Professor William H. Pancoast, of Jefferson Medical College; Professors Peter D. Keyser and J. E. Garrettson, of the Medico-chirurgical College; Dr. R. J. Levis, President Philadelphia County Medical Society; Dr. William B. Atkinson, Secretary American Medical Association; Professor James Tyson, Dean of the Faculty of the University of Pennsylvania; Dr. William Hunt, Pennsylvania Hospital; Professor William Goodell, University of Pennsylvania; Dr. John H.

Packard, Episcopal Hospital; Drs. Thomas G. Morton, Frank Fisher, J. M. Barton, W. B. Simpkins, I. Gilbert Young, W. R. D. Blackwood, L. P. Baldwin, B. F. Baer, W. Welch, J. Neff, H. St. Clair Ash, Carl Seiler, B. F. Hazel, Joseph Hearn, D. W. Cadwallader, A. P. Brubaker, E. O. Shakspeare, James J. Levick, C. R. Prall, George Strawbridge, Charles K. Mills, J. R. F. Bell, J. B. Roberts, Thomas Fenton, and J. V. Shoemaker.

Letters of regret were read from Dr. S. Weir Mitchell, Dr. R. A. Cleemann, of the Philadelphia Board of Health; Professor Bartholow, Jefferson College; Dr. Dunglison, Dr. Ruschenberger, United States Navy; Dr. J. William White, University of Pennsylvania; Dr. W. W. Keen, Academy of Natural Sciences; Dr. Leffmann, Port Physician of Philadelphia; Professor Gross, Jefferson College; Dr. Richard C. Dean, Medical Director United States Navy; Dr. Brackett, of Princeton College; Dr. Leeds, of Stevens Institute; Dr. P. C. Baker, President New Jersey Medical Society; Dr. Stephen Wicks, the author of the Medical History of New Jersey; Dr. L. W. Dakley, of Elizabeth; Dr. C. J. Kipp, of Newark; Dr. Janeway, New Brunswick; Dr. William K. Newton, New Jersey Board of Health; Surgeon-General Theodore Varick, of Jersey City.

PROFESSSOR HAL C. WYMAN, in a paper read before the Wayne County Medical Society (Medical Age) advocates tenotomy of the levator prostatæ in cases of urinary obstruction due to hypertrophy of the prostate.

DR. H. LANDIS GETZ (Journal of American Medical Association) thinks that in a great many otherwise unexplainable cases of still birth, the death of the child is caused by a premature detachment of the placenta during labor. Whenever this accident is suspected prompt delivery should be effected.

DR. MURRELL recommends every physician to keep an antidote bag, which should contain every drug and instrument needed in the ordinary cases of poisoning. It should always be kept filled and ready for use, so that in case of emergency the doctor could take it along or send for it, and not be compelled to look for stray bottles or instruments at a time when a life may depend upon a minute.

PROFESSOR H. C. WOOD (Medical and Surgical Reporter) believes that every old person should wear a buckskin jacket next to the skin. Nothing will compare with it in efficiency to prevent that slight chilling of the surface, which means dangerous internal congestion in the aged. Old persons should also spend many hours in bed. Their food should be light but nutritious, consisting chiefly of milk, and using meat sparingly. They should especially avoid exposure to high winds, for this cause can claim ten thousand victims among the aged, when dampness and its results must be satisfied with one thousand. Every old man ought to take some form of alcohol at meal-time. Opium will also be found a useful agent in prolonging the life of the aged, but it must be ordered carefully.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.—This body will hold its thirty-seventh annual session in the city of Scranton May 27th, 28th, and 29th. As the programme of the meeting must be distributed at least one month prior to the meeting, all who desire to present papers at this session are requested to forward to Dr. Wm. B. Atkinson, the Permanent Secretary, the title and a brief abstract of the same, not later than March 15, 1885. It should be remembered that no voluntary paper is allowed to occupy more than twenty minutes in reading. Dr. G. F. Everhart, the chairman of the Committee of Arrangements of the Society at Scranton, writes that preparations have already been made for a successful meeting.

BOOK REVIEWS.

A Compend of Surgery for Students and Physicians. By ORVILLE HORWITZ, B.S., M.D., Resident Physician at the Pennsylvania Hospital, and late Resident Physician at the Jefferson Medical College Hospital. Second edition. Philadelphia: P. Blakiston, Son & Co., 1885.

The second edition of this excellent little compend has been carefully revised and enlarged. Chapters have been inserted on the ligation of arteries, and the modern method of the antiseptic treatment of wounds. Material additions have also been made to the section on venereal diseases. All the essential facts of surgery are presented in a well-arranged and condensed manner. It will therefore be found valuable, not only in preparing for examination, but also as a convenient book of reference when the ordinary textbooks are not accessible.

The Diagnosis and Treatment of Chronic Nasal Catarrh. By GEORGE MOREWOOD LEFFERTS, A.M., M.D., Professor of Laryngoscopy and Diseases of the Throat in the College of Physicians and Surgeons, New York, etc. St. Louis: Lambert & Co., 1884.

In this instructive monograph, the subject of chronic nasal catarrh is treated with unusual clearness and precision. The indiscriminate use of the douche is condemned as productive of more harm than good. If at any time the secretions become so thick or hard that they cannot be re-

moved by the nasal spray, a posterior nasal syringe should be resorted to. The author does not approve of the use of chloride of sodium as an ingredient in any of the lotions for this affection, as it produces endosmosis, and increases the swelling of the mucous membrane. In his experience the best results have been obtained from the local application and inhalation of Listerine, except when the membrane has undergone hypertrophy. In these cases, relief can only be obtained by the stronger caustics, or the galvano-cautery.

A Compend of Obstetrics; Especially adapted to the use of Medical Students and Physicians. By HENRY G. LANDIS, A.M., M.D., Professor of Obstetrics and Diseases of Women in Starling Medical College, etc. Second edition. Philadelphia: P. Blakiston, Son & Co., 1885.

This valuable little book contains a *résumé* of the more important facts of the science of obstetrics. The author has judiciously avoided making any reference to various fanciful theories, which, though very ingenious, would only serve to mystify the student. Everything that is necessary, however, to a knowledge of practical obstetrics is presented in the form of a series of questions and answers. This arrangement enables the essential points to be presented in a clear and direct manner, and assists to impress them more fully on the mind of the reader.

The Student's Guide to Clinical Medicine and Case-Taking. By FRANCIS WARNER, M.D., Lond., F.R.C.P., Assistant Physician, Lecturer on Botany, and late Medical Registrar to the London Hospital, etc. Second edition. Philadelphia: P. Blakiston, Son & Co., 1885.

This valuable work was originally written for advanced students of medicine, but possesses a wider sphere of usefulness. It is, as its name implies, a practical guide for the examination and recording of cases. It contains in a compact form the most prominent symptoms of the various diseases arranged in classes. The observer is directed where and what to look for in each case, and a habit of definite systematic inquiry thus induced.

It also contains a clear description of the tests for abnormal urinary constituents, and a valuable table exhibiting the progressive changes in weight and size of a healthy infant during its first year.

A Text-Book of Hygiene. By GEORGE H. ROHE, M.D., Professor of Hygiene, College of Physicians and Surgeons, Baltimore, etc. Baltimore: Thomas & Evans, 1885.

This interesting volume contains an exhaustive exposition of the principles and practices of preventive medicine. The essential elements upon which the art of preserving health is based are forcibly stated, and the public and private measures described by which they can be rendered most efficient.

As air and water are the two great mediums by which the germs of disease are conveyed to distant parts, the importance of preventing their contamination is strongly dwelt upon. The liability of those engaged in certain industrial occupations to suffer from peculiar affections is considered, and the appropriate prophylactic means advised. A chapter is devoted to the question of the disposition of sewage. The relative value of the various germicides are compared, and the highest place assigned to the mercuric chloride.

A Hand-Book of Pathological Anatomy and Histology, with an Introductory Section on Post-Mortem Examinations, and the Method of Preserving and Examining Diseased Tissues. By FRANCIS DELAFIELD, M.D., and T. MITCHELL PRUDDEN, M.D. New York: William Wood & Co., 56 and 58 Lafayette Place, 1885.

This second edition of one of the most useful and valuable works on the subject now before the profession is much enlarged. Part first—which is devoted to the method of making post-mortem examinations—points out especially the object to be attained. The cause of death, and the successive steps of proceeding in the examination, particularly in cases of suspected poisoning, is dwelt upon in a clear and forcible way. In the same part, the various methods of hardening tissues, embedding, cutting, staining, and preserving them, are described well in the fewest possible words. Part second includes morbid changes in the circulation of the blood; changes in the composition of the blood; degenerations; animal parasites and bacteria; the classification of the latter, their relation to disease, and the method of staining them both in fluids and tissues, being made extremely interesting and of the greatest value. Inflammation and tumors, which conclude the part, are equally well considered. Part third discusses the morbid anatomy of the organs, the portion devoted to the respiratory system, being most clearly demonstrated by fine wood-cuts; acute and chronic miliary tuberculosis, as well as acute and chronic phthisis being especially well portrayed. The work concludes with part four, in which the lesions found in the general diseases, in poisoning, and in violent deaths, are described; the pages on cholera and tuberculosis containing the most recent research upon these all-absorbing topics. The authors have thus produced a volume that will not only be a practical text-book for the constant use of students, but an invaluable companion and guide for all practitioners of medicine.

The Therapeutics of the Respiratory Passages. By PROSSER JAMES, M.D., Lecturer on Materia Medica and Therapeutics at the London Hsspital Medical College; Physician to the London Hospital for Diseases of the Throat and Chest, etc. New York: William Wood & Co., 1884.

This interesting volume is the November number of Wood's Standard Library. The author, Dr. Prosser James, is well known as a practitioner, writer, and teacher of acknowledged reputation. This volume contains the results of his experience with the remedies commonly employed in the treatment of diseases of the respiratory passages. He is a warm advocate of the use of inhalations and local applications in this class of affections, and details the circumstances in which they are of especial value. He does not, however, restrict his observations to the use of drugs alone, but points out the importance to the patient of a full supply of fresh air, and nutritious, easily digested food.

Diseases of the Urinary and Male Sexual Organs. By WM. T. BELFIELD, M.D., author of "Relations of Micro-Organisms to Disease" (Cartwright Lectures, 1883); Pathologist to the Cook County Hospital, etc. New York: William Wood & Co., 1884.

This volume, which has been issued as the October number of Wood's Standard Library, is one of the most practical works that has yet been written on diseases of the urinary and male sexual organs. Convinced that a lack of care and thoroughness in the examination of patients is responsible for many failures in the management of these disorders, the author has endeavored to present clearly the necessity and the means for making a correct diagnosis as an essential preliminary to treatment. To this end, he has devoted several chapters to a discussion of methods for the recognition of morbid conditions, and emphasizes the too frequently neglected fact, that gleet, albuminuria, spermatorrhœa, and cystitis, are not entities calling for a routine administration of drugs, but symptoms requiring a thorough investigation of the patient.

Manual of Medical Botany of North America. By LAWRENCE JOHNSON, A.M., M.D., Lecturer on Medical Botany, Medical Department University of the City of New York; Fellow of the New York Academy of Medicine, and the New York Academy of Sciences, etc. New York: William Wood & Co., 1884.

This valuable book, which is the December issue of Wood's Standard Library, will supply a want long felt for a hand-book of Botany suitable for American medical students. It contains a brief description of general botany, with a more detailed account of medicinal plants. The first part of the book is devoted to the consideration of the elements of the subject. The life history of plants is sketched from germination to reproduction, and an explanation is given of the technical terms and plan of classification in use at the present day. The second part contains a systematic arrangement and description of the indigenous and naturalized medicinal plants of North America. Following the description of a plant, the author gives its habitat part used in medicine, constituents, preparations, and a brief account of its therapeutic properties and uses. The value of the book is enhanced by a number of admirably executed engravings.

Comparative Physiology and Psychology. A Discussion of the Evolution and Relations of the Mind and Body of Man and Animals. By S. V. CLEVENGER, M.D., Special Pathologist County Insane Asylum, Chicago; Member of the American Neurological Association, etc. Chicago: Jansen McClurg & Co., 1885.

In this interesting and instructive volume Dr. Clevenger presents a summary of the present knowledge of psychology and mental physiology. In preparing it, his endeavor has been to elaborate as far as possible a practical mental science, which will reconcile the observations of anatomists, psychologists, and pathologists, with direct reference to the treatment of insanity. Heretofore the discussion of the properties and workings of the mental faculties has been confined to the metaphysician. Many of them were acute observers, but in the main their system was so insufficient, and their deductions so absurd, as to discourage earnest investigators, and throw doubt upon the possibility of ever attaining any accurate knowledge of the mental processes. Comparative embryology and physiological experiments have, however, prepared the way for definite induction, and a rational system of psychology is being gradually established.

Epistaxis. By D. N. RANKIN, A.M., M.D., Allegheny, Pa. Reprint from Journal American Medical Association.

Provision for Feeble-Minded and Idiotic Children. By ISAAC N. KERLIN, M.D., Elwyn, Pa. Reprint of a paper read at the Eleventh National Conference of Charities and Corrections.

The Obligation of Civilized Society to Idiotic and Feeble-Minded Children. By Hon. H. M. GREENE, Lawrence, Kans. Reprint of a paper read at the Eleventh National Convention of Charities and Corrections.

The Medical Profession and Alcohol. An Inaugural Address. By BENJAMIN WARD RICHARDSON, M.D., F.R.S., President of the British Medical Temperance Association. Republished by the National Temperance Society and Publication House. New York, 1885.

REPORT OF INTERESTING CASES

TREATED AT

THE SURGICAL INSTITUTE,

NORTHEAST CORNER OF BROAD AND ARCH STREETS, PHILADELPHIA, PA.

BY J. G. ALLEN, M.D.,
Surgeon in Charge.

THERE is nothing that is more frequently neglected and misunderstood, both by physicians and patients, than the use of braces as artificial supports, or mechanical appliances designed for correcting deformities. Such apparatus, in almost all cases, requires continual attention; generally little alterations, which perhaps on each occasion may seem petty, but the aggregate of which is momentous. The correction of deformities is at best a slow and tedious process; whatever is gained, is only gained little by little, and it is in the highest degree unphilosophical to apply an apparatus that will correct a fraction of a deformity, and omit to follow it up by daily efforts to gain new fractions and make secure all that is thus gained. So, also, is it to refer a patient with a deformity (as is often done) to a workman merely skilled in the art of manufacturing the instrument to be worn, but totally ignorant of the more important anatomical knowledge which is absolutely necessary for the proper and efficient adjustment and regulation of any mechanico-surgical appliance. Just as well might a surgeon refer a patient with a broken limb to a carpenter or splint-maker, as to refer a case of deformity to an orthopedical instrument maker, no matter what may be his skill as an artisan,—just as well might the surgeon omit to watch and alter, to refit and replace the splint dressings of a broken limb, as to omit these same points in managing the mechanical appliances used for correcting deformities.

It is a conviction of the importance of this matter of bringing the skilled workmanship of the mechanic fully and completely under the immediate control of the surgeon, and of having it constantly at hand for instant service, even with the tools that the surgeon may sometimes wish to participate in using,—a conviction confirmed by much observation and experience,—that impels the writer to bring to the notice of the profession at large the novel and scientific methods used at the Surgical Institute in Philadelphia, Pa., for the treatment of that large class of cases which are so often wholly unmanageable in private practice, because of the absence of the proper mechanical appliances.

The importance of mechanical exercise as a means of cure is now generally recognized. It has had many drawbacks in the course of its development to its present accepted position; but now, happily, the ridiculous assumptions of bone-setters and pretentious manipulators have had their day. The classes of cases likely to derive benefit from this method of treatment are becoming well known and well defined, though the full benefits are as yet reaped only by a few.

It is estimated that there are at this time 30,000 persons in the United States whose only means of locomotion is the rolling-chair. Of course, a large majority of these are cases of paraplegia and kindred forms of paralysis, utterly hopeless and incurable; but it is sad and pitiable to reflect that perhaps 10,000 of them are really wasting their lives, being merely the victims of rheumatic arthritis, or some form of muscular rigidity that is often amenable to mechanical treatment. Systematic massage, in connection with other rational methods of passive movements, would renew the function of their muscles again, and restore to these unfortunates in various degrees the use of their limbs once more. Yet, often for twenty, thirty, or forty years,—a lifetime,—they sit, helplessly, hopelessly, and sadly in their rolling chairs, because they know not that there is even a hope of possible relief, and because the methods of cure are such that it is impossible for each individual practitioner to use and apply them.

So, indeed, is it with nearly every kind of human deformity. The proper means and methods of cure are peculiar, and require continuous and peculiar attention; and the cases, though in the aggregate very numerous, are so scattered and isolated that it is utterly impracticable for each individual practitioner to provide and maintain the necessary appliances for treating them. For these reasons, and from the circumstance of their isolation, they become neglected until many a permanent and shocking deformity results in cases for which a method of cure is well known, especially if applied at the time of its earliest manifestation. As an illustration, there are thousands of individuals permanently deformed by Pott's Disease of the

Spine,—often sensitive and cultured persons,—with monstrous and unsightly humps on their backs, daily suffering a mental martyrdom from their deformity, yet proper mechanical support, applied in the early stage of the disease and sufficiently persevered in, might have saved nearly all of them with a deformity so small as to pass almost unnoticed. Lateral Curvature, an opprobrium of surgery, is very amenable to a treatment combining mechanical supports and special exercises, if promptly resorted to during the growing period of youth, the time when it most frequently originates; yet it is generally neglected till adult age has fixed the deformity beyond relief, or till such a condition has resulted that a mere arrest of the disease is all that is possible, and ofttimes even this much cannot be assured in badly neglected cases.

During the past three years 1186 cases have been under treatment. A very large proportion of these cases were of this character. Thus 948 of them required braces or special mechanical appliances of some form to be worn by the patient. Of these, 820 required other mechanical treatment, electricity, massage, or some kind of passive exercise. In very few of these cases could these methods of treatment have been satisfactorily managed by physicians occupied with general and miscellaneous practice.

In order to properly understand the treatment of the cases reported it will be necessary to give a brief description of some of the appliances used at the Institute. In the report of cases which is to follow, noticeable departures from the ordinary treatment will be noticed in the management of club feet, Pott's disease, infantile and other forms of paralysis, etc., the details of which will be minutely described, though a perfectly clear description of the machinery by cuts and drawings is almost impossible, as it requires a personal examination to understand and appreciate it.

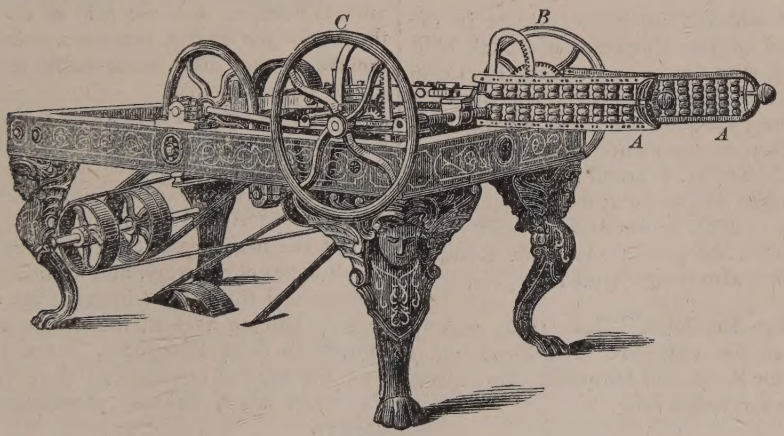

FIG. 1.

Fig. 1 represents a most important massage apparatus, sometimes spoken of as a "body kneader." It has two adjustable projecting arms, *A A*, upon which are arranged hundreds of elastic rubber rollers or balls, each ball revolving on a shaft. The patient is seated on a stool or divan, so as to bring the body conveniently between these projecting arms which, though moving with exceeding rapidity, are so perfectly adjustable that every part of the torso can receive a most thorough massage. It is a very important and useful machine as an adjunct in the treatment of torpid liver, dyspepsia, constipation, and many forms of nervous disease; also for a large class of patients who either cannot or will not take sufficient exercise. By the combined operation of this machine upon the torso, and of another machine (to be described later) upon the limbs, the whole body can be most thoroughly and completely kneaded and manipulated. These massage operations are very much more thorough and complete than anything possible by hand manipulation.

Graham, in urging the proper performance of this operation, says, "The means employed cannot be too carefully selected, especially when it is a question of such potent means as massage, which affects either directly or indirectly, every function of the human body.

> This is an art which does not mend nature,
> But the art itself is nature."

[To be continued.]

BALTIMORE NOTES.

EDITED BY

HERBERT HARLAN, A.B., M.D., Cor. Sec'y Alumni Association of Univ. of Md., Ass't Surgeon at Presbyterian Eye and Ear Hospital, and Ass't Dem. of Anatomy, Univ. of Md.; and HIRAM WOODS, A.M., M.D., Ass't Surgeon at Presbyterian Eye and Ear Hospital, Chief of Clinic on Dermatology, Univ. of Md., etc.

Dr. George M. Sternberg (U. S. Army) is continuing his work at the Biological Laboratory of Johns Hopkins University. He is investigating the relative power of the different disinfectants for The American Public Health Association.

Dr. Dennis I. McKew (Class 1850) died on February 10th. Dr. McKew had been suffering a long time from chronic Bright's Disease, and had not been able to attend to his practice for several months. He had expressed himself as feeling better for some days before his death, and died suddenly, while sitting in his chair. He was one of our prominent and most successful physicians, and was highly esteemed by the community for his personal and professional worth.

April 1st will see an entire change in the resident staff of the University Hospital. Dr. Frank West, who has been Resident Physician for five years, has resigned. He proposes to take a short vacation after leaving the Hospital, and then to commence practice for himself. Dr. Charles W. Mitchell (Class 1881), Assistant Resident Physician at the Hospital from April, 1881, to 1883, succeeds Dr. West. Dr. Ridge Trimble, the present Assistant Resident Physician, will also resign April 1st.

Dr. Robert Randolph (Class 1884) was in Baltimore on the 13th inst. Dr. Randolph is working in the Richmond Hospitals. He expects to go to Europe before long.

The vacant places in the Faculty of the Baltimore Polyclinic and Post-Graduate School, caused by the resignation of seven members of the Faculty, noted in our last communication, have been filled with one exception. Dr. N. R. Gorter succeeds Drs. Alan P. Smith and J. E. Michael in the Chair of General and Genito-Urinary Surgery, Dr. G. J. Preston succeeds Dr. T. Barton Brune in the Chair of Practice of Medicine and Urinary Pathology, Dr. N. A. S. Keyser succeeds Drs. T. S. Latimer and F. E. Chatard, who attended to Diseases of Children, and Dr. J. W. Chambers will take charge of Operative Surgery and Topographical Anatomy. Instruction in these branches has hitherto been given by Drs. Chambers and Randolph Winslow. No successor has yet been chosen to Dr. Samuel Theobald, who was Professor of Diseases of the Eye and Ear.

OUR ADVERTISERS.

TREATMENT OF CHOLERA.—In view of the expected visit of cholera to this country during the coming year, any contribution to medical literature, bearing upon the treatment of this disease, should receive careful and earnest consideration on the part of the medical profession.

By the researches of Dr. Koch, it is now known that acids are most useful to kill the cholera microbe, and have been successfully employed by the profession in Europe.

Dr. Charles Gatchell, of Chicago, in his "Treatment of Cholera," says, "As it is known that the cholera microbe does not flourish in acid solutions, it would be well to slightly acidulate the drinking water. This may be done by adding to each glass of water half a teaspoonful of Horsford's Acid Phosphate. This will not only render the water of an acid reaction, but also render boiled water more agreeable to the taste. It may be sweetened if desired. The Acid Phosphate, taken as recommended, will also tend to invigorate the system and correct debility, thus giving increased power of resistance to disease. It is the acid of the system, a product of the gastric functions, and hence will not create that disturbance liable to follow the use of mineral acids.

The following case is reported from Bangkok, Siam, and may be relied on as authentic: About three months ago a native was attacked with cholera. An American Missionary attended him, and administered all the medicines he could, but at last the man was so far gone that they gave up all hopes of recovery, and would do no more. Relatives of the patient begging the doctor not to give him up as lost, the doctor thought of Horsford's Acid Phosphate. After the second dose the patient commenced to revive, and in six hours after, he was pronounced out of danger.

EXCURSION TO EUROPE.—A number of attractive excursions during the coming spring and summer are announced by Messrs. Thos. Cook & Son, the well known tourist agents of New York and London, which are arranged on the most popular scale of prices. Full programmes of these trips, with maps showing the routes followed, are to be found in their monthly paper, Cook's Excursionist, published at 261 Broadway, New York, which they announce will be sent by mail to any one interested, on application.

UTERINE HEMORRHAGE.—At the meeting of the National Medical Association, held at Columbus, O., Dr. J. R. Borland reported a case of uterine hemorrhage of twenty five years' standing, which was successfully treated with S. H. Kennedy's Extract of Pinus Canadensis. He also spoke very highly of this remedy in the treatment of leucorrhœa.—*Medical Summary.*